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AMA Submission to Council of Australian Governments Health Council consultation paper: Have your say on a national obesity strategy.

Lodged via consultation hub

We want to know what you think about the timeframe for a national obesity strategy and how much you agree or disagree with the proposed scope.

A coordinated national obesity strategy in Australia is overdue. Obesity was recognised as a National Health Priority Area in 2008, but without coordinated, strategic and resourced responses, the prevalence of obesity has continued to increase (from 17.5 per cent in 2008 to 31 per cent in 2018). Obesity substantially contributes to preventable, non-communicable diseases, shortened life expectancy and impaired quality of life. The implications for the Australian health system are drastic and rapidly growing.

Combatting obesity demands a whole of society approach, requiring the participation of governments, non-government organisations, the health, medical and food industries, the media, employers, schools and community groups. A coordinated national strategy will underpin these efforts. The AMA welcomes the development of a COAG endorsed National Obesity Strategy.

We also want to know if there is anything in the proposed scope you would change, add or remove for a national obesity strategy.

The current scope of the obesity Strategy is confined to primary and secondary prevention. The AMA recognises that, ideally, the major focus should be on the prevention of obesity, and that this should include an explicit focus on children and young people. Establishing healthy eating and activity patterns early in life is a vital part of the response to obesity. However, the reality is that a significant portion of Australian children and adults are already overweight or obese.

It is concerning that the scope contained with the draft National Obesity Strategy explicitly rules out any actions around the treatment of obesity. Medical practitioners are a highly trusted source of information and advice making them well placed to identify and support patients who are overweight or obese. Advice and support around losing or managing weight from a medical practitioner not only increases motivation to lose weight, it also increases engagement in weight loss behaviours. This makes the distinction between early intervention and treatment in the draft strategy problematic in a practical sense.

The confusion is further reinforced by recommendations around clinician 'support' and referral. While it may not be appropriate for the Strategy to cover issues like access to bariatric surgery, the AMA believes that the strategy should incorporate the important work that general practitioners undertake, in terms of support and treatment for their overweight and obesity patients.
The proposed framework for action articulates the intended outcomes as:

- More supportive environments for health;
- More people eating healthy food;
- More people being physically active;
- More people at a healthy weight.

The focus of the outcomes is appropriate. However, the use of the generic term 'more' makes it difficult to determine whether the Strategy is seeking small or incremental changes, or whether the aim is for more substantial improvements. Where significant investment is required there should also be a level of accountability and agreement around the specific measures of success. Unfortunately, some national strategies shy away from inclusion of specific targets, goals or measurable outcomes, due to the perceived risk of failure. The National Tobaccos Strategy 2012-2018 provides a good example of clear overarching and measurable targets which assisted in a coordinated response to reduce the rates of smoking within the population. The inclusion of measurable outcomes is particularly important in instances where a range of non-health portfolios and non-government organisations will be involved in contributing to the progress of the Strategy. The AMA recommends that the outcomes of the Strategy be refined to include some form of tangible measurement, target or goal.

We want to know what you think about the proposed guiding principles for a national obesity strategy.

The draft strategy lists the proposed principles as:

1. People first
2. Equity
3. Collective and sustained action
4. Evidence-based
5. Sustainable development.

The AMA supports the proposed principles, recognising their consistency with the Sustainable Development Goals.

We want to know what you think about the proposed strategies and sub-strategies for Priority Area 1. supporting children and families.

1.1 Support prospective and new parents to be healthier at the time of conception and during pregnancy, and to optimise the healthy development of their child during the first 1000 days.

The first of these specific strategies is concerned with prospective and new parents. There is little doubt that preconception health is an important window of opportunity to ensure the health of infants and children. Recommendations to support prospective and new parents are worthy. However, it is worth noting that many pregnancies are unplanned, limiting the potential opportunities for intervention and support prior to conception.

1.2 Enable parents, carers and families to encourage lifelong healthy habits for children and young people.

Children model their behaviours on that of their parents and other important adults in their lives. Supporting parents and carers to engage in healthy habits is an important avenue to prevent the development of overweight and obesity in childhood and adolescence. These efforts should support both parents (regardless of sex) and should extend to other significant influencers, such as grandparents and carers.

The draft Strategy notes the need to increase access to programs that support weight loss and weight management. Presumably it is intended that this will occur through self-referral. It has been estimated that there are approximately 200 commercial weight loss diets or programs currently targeting Australian consumers. Many of these programs are cost prohibitive and require adherence to eating regimes that are unnecessarily restrictive. Expectations around physical activity can be intense,

contributing to an increased risk of injury. There is no single source of information to identify whether these programs are evidence based and any move to increase access and utilisation of these programs must address this. Efforts must also be made to ensure that there is equitable access, including programs that meet the needs of people on low incomes, and family groups. It is also important that efforts to increase access to such programs does not undermine the important role general practitioners can play in providing guidance and support for patients around excess body weight.

1.3 Enable early childhood education and care settings and schools to adopt whole of facility approaches that better support children to develop healthy eating and physical activity habits and skills.

Providing infants and young children with opportunities for physical activity and the development of motor skills is a critical aspect of the first years of life. Further, among school age children, participation in sport and other forms of physical activity can enhance academic achievement in children via improved cognitive functioning, memory, concentration and behaviour.

Active travel to and from early childhood education, and throughout the education period, is an important avenue for increasing incidental physical activity. Every effort should be made to support students and their families to engage in some form of active transport, as part of their daily living. However, it is also important to recognise and understand existing barriers active transport such as not living within reasonable walking distance to the educational facilities. This may be a particular problem for people living in rural and remote communities. Further consideration of initiatives that support active travel, despite barriers such as distance, is warranted.

We want to know what you think about the proposed strategies and sub-strategies for Priority Area 2. Mobilising people and communities.

2.1 Improve people's knowledge, awareness and skills to enable healthy eating, facilitate active lives and foster healthy social and cultural norms, regardless of their weight.

A comprehensive understanding of healthy eating and appropriate physical activity levels does not come without some effort. These issues can be confusing for many people, particularly in light of the questionable advice provided by celebrities and influencers. Further, low levels of health literacy in Australia inherently contribute to confusion. There must be concerted efforts at the population level to improve health literacy, including a focus on healthy eating and physical activity. Population level measures should be complemented by targeted measures to support groups that are known to be at increased risk of poor health and overweight and obesity.

National and sustained mass media campaigns will be part of these efforts. Successive national obesity media campaigns have been briefed and do not appear to have incorporated appropriate measures of success, making it difficult to determine their effectiveness. National campaigns must be evaluated for effectiveness and refined as needed. National mass media campaigns should also be made available via a range of media sources, recognising the changing way in which people are accessing media content.

2.2 Engage and support local communities, groups and organisations to develop and lead their own healthy eating and physical activity initiatives through responding to local need, embedding participation and building community capacity.

Ensuring that local communities have access to health promoting sponsorship options is important. Many community and local sporting organisations rely heavily on funding sources that potentially undermine broader health messaging. There are successful models of health promoting sponsorship arrangements in some jurisdictions and we should learn from these successful examples.

2.3 Support all people at risk of becoming overweight to access effective weight management interventions without fear of judgement.

As noted under section 1.2, work must be done if there is an intention for self-referral to weight loss or management programs. It is also worth noting that within the medical setting, terminology such as ‘morbid obesity’ is a clinically appropriate and often necessary, despite negative perceptions.

2.4 Support health and social services to prioritise the prevention of obesity-related chronic disease.

The AMA supports efforts to improve cross-sector collaboration as part of efforts to address obesity. A wide range of portfolio areas outside of health can have a strong influence on health-related behaviours that can contribute to or prevent obesity.

Food insecurity in Australia is a growing concern. More than one in five Australian’s have run out of food and been unable to purchase more. Those experiencing, or at risk of, food insecurity may be less concerned about the healthfulness or the quality of foods and beverages they purchase. The primary focus may be on meeting their immediate needs, including an emphasis on low price or large quantity. This can result in disrupted eating habits and an over-reliance on less nutritious, highly processed foods. Food insecurity can have significant health implications, such as increased hospitalisation and iron deficiency anaemia (in children) and increased kidney disease, type 2 diabetes and mental health issues among adolescents and adults.

Recommendations 2.4.4; 2.4.5 and 2.4.6 are concerned with the role of clinicians. It is important to ensure that medical practitioners and other health professionals have access to education and related support materials to support their interactions with patients. The AMA notes the impending update of the National Health and Medical Research Council's Clinical Guidelines for the Management of Overweight and Obesity and recommends the update includes comprehensive discussion points which can be used by medical practitioners with their patients around obesity. It can also be difficult for general practitioners to keep up to date on all the related nutrition and physical activity services that are available in their local communities, including details around specific areas of focus, target groups, associated costs and wait times. The AMA has, for some time, called for the development of an accessible referral resource for doctors that is regularly maintained to support referral to support services within the local community. It is not practical, nor feasible, for general practitioners to generate and maintain such information individually.

2.5 Enable and support workplaces, healthcare facilities and tertiary institutions to lead by example by creating health promotion places of excellence.

It is important that the environments in which people live and work support healthy behaviours. This includes policies and practices around the availability of healthy foods and opportunities for physical activity including support for active travel.

We want to know what you think about the proposed strategies and sub-strategies for Priority Area 3. Enabling active living.

3.1 Invest in connected active places and spaces in urban and regional areas.

The AMA supports efforts to create environments that not only support, but encourage, engagement in a physically active life. Infrastructure is an important aspect of these efforts and effort to develop and maintain related infrastructure is welcome. Care must be taken to ensure that the associated sub-strategies are not city-centric and recognise the real barriers many Australian's living in regional and rural Australia face around active travel and access to public transport. Real and perceived concerns about personal safety can also pose a barrier to utilising public spaces and efforts to reduce this concern are important.

3.2 Motivate and inspire participation in regular physical activity by people of all ages and abilities.

While participation in competitive or social sport is a valued pastime, for many Australians it is important to recognise that some people prefer to engage in alternate active activities. Promoting engagement in sport should not undermine engagement in these alternate activities.

It is also worth noting that some sports and alternate activities can be cost prohibitive. Some jurisdictions provide reimbursement or subsidies for the costs associated with children's sporting memberships and equipment. Lessons may be available to support other jurisdictions to implement such measures which promote equitable participation.

We want to know what you think about the proposed strategies and sub-strategies for Priority Area 4. Building a healthier and more resilient food system.

4.1 Ensure our food system favours the production, processing and manufacture of healthy and sustainable products.

The food and beverage industry do have a role to play in helping to combat poor eating habits and obesity in Australia. Alignment of agricultural practices and food production to support healthy eating patterns is important. As is alignment of grant, and research and development funding within the agricultural sector. Efforts to consider environmental practices and sustainability within the food production, processing and manufacturing processes is also warranted.

Working with farmers and food producers to diversify or move away from the production of less healthy foods or food ingredients is warranted. For example, there are international efforts to limit or mandate reduction in sugar content in various foods and beverages. The majority of Australian sugar is exported, so local producers will eventually experience a decline in the international demand for their product. Australian consumers already consume too much sugar and must not be expected to increase their intake in response to the international decline. Fears around undermining the sugar industry in Australia has already contributed to inaction. Consideration must be given to working with farmers and food producers who will be impacted by the necessary changes in demand for certain foods that will arise as part of efforts to reduce obesity.

4.2 Increase the availability of healthier, more sustainable foods and drinks in places where we live and work.

Offering healthier products and generating income for shareholders are not mutually exclusive. The AMA supports efforts to increase the availability of healthier foods everywhere.

Urban agriculture is one aspect of these efforts. Community gardens are one way of providing people with access to locally grown, minimally processed foods, while also supporting and improved understanding of food production. There is evidence that school nutrition programs and policies, including gardening and food preparation activities, can have a positive impact on children's dietary behaviour and weight. These are likely to be particularly effective if they connect to the broader community and their families.

Food deserts occur where there are areas where it is difficult to purchase affordable fresh foods. This is often due to geographic distances to markets and supermarkets. Often food deserts provide access to a range of less healthy, cheap, takeaway food options. Difficulties in accessing fresh and healthier foods undermine efforts to improve eating patterns. It should be a goal of town planning, local and state governments to identify food deserts and to work with developers to ensure that access to fresh foods is embedded in developments. Incentives may be required to encourage healthier food retailers to establish in existing food deserts.

4.3 Make processed foods and drinks healthier and more sustainable by limiting energy and nutrients of concerns.

A number of food and beverage products have been reformulated as part of efforts to improve Health Star Rating scores. However, more can be done, particularly in those product areas that have low uptake of the Health Star Rating making the incentive for reformulation less apparent. The AMA supports further work with food producers, as well as with food retailers and caterers to

canvass further opportunities for food and beverage reformulation to provide consumers with healthier products.
As serving or portion sizes increase, so do consumer perceptions around 'value for money'. This contributes to a perverse incentive to increase or maintain large serving sizes. Meal deals at some quick service restaurants provide more energy than a typical person requires in a day. The AMA has previously recommended that water should become the default beverage option for all quick service meal deals, as one way of reducing energy intake. National targets that support reductions in serving sizes in the quick service food environment are also warranted. This must include a specific focus on the foods and meal deals that are aimed at children.

4.4 Support targeted interventions that increase the availability, accessibility and affordability of healthy food and drinks for rural and remote communities, communities experiencing disadvantage and Aboriginal and Torres Strait Islander people.

The nutrition of Aboriginal and Torres Strait Islander people living in remote communities may be heavily dependent on Outback Stores. The 2009 Parliamentary Inquiry 'Everybody's Business: Remote Aboriginal and Torres Strait Community Stores' resulted in a number of practical recommendations to increase the availability and affordability of healthy foods in Outback Stores, many of which have not been implemented. These Stores, in consultation with local communities, should prioritise and facilitate access to affordable nutritious foods.

4.5 Reduce exposure to unhealthy food and drink marketing and promotion.

The marketing and promotion of unhealthy foods and drinks undermines efforts to improve eating habits. Efforts to reduce exposure to such advertising on publicly owned or managed settings, such as public transport infrastructure, is important and has already been implemented in some jurisdiction. However, efforts to reduce exposure to unhealthy food and drink advertising must extend much further, recognising that some locations and mediums allow unhealthy food and beverage advertising to reach large populations with relative ease.

Children may be particularly vulnerable to the marketing and promotion of unhealthy foods and beverages. For this reason, the AMA supports the proposed restrictions on unhealthy food and beverage advertising on television during children's peak viewing periods. The AMA also supports restrictions on devices or incentives (such as toys, games,) that are used to promote food and beverage products to children. We must also recognise the changes that are occurring in how children interact with the media and consider protections from advertising and marketing in the online environment, including social media.

Efforts to reduce exposure to unhealthy food and beverage advertising should not continue to rely on industry self-regulation. Despite the AANA's Code for Advertising and Marketing Communications to Children, concerns remain about the conduct of some advertiser in relation to children, as evidenced by the recommendations to reduce children's exposure to such content on television.

4.6 Increase the availability and accessibility of information to support the consumers to make a healthier choice at the time of purchasing food or drinks.

The AMA supports the Health Star Rating labelling system. Evaluations of the system confirm that consumers find the Health Star Rating System easy to use and understand and they report that it

makes choosing foods easier. As noted in the Health Star Rating System Five Year Review Report, research confirms consumer purchasing decisions are being positively influenced by the Health Star Rating display and that such changes are sustained. It is also clear that the Health Star Rating System is encouraging food reformulation. However, it is concerning that there continues to be product categories where uptake of the Health Star Rating is very low. This undermined consumers ability to identify healthier products. It is also apparent that some food producers are selectively displaying Health Star Rating on their healthier products and not providing the same information on their less healthy products. This is unacceptable and not consistent with the intent of the Health Star Rating system. The AMA supports efforts to improve uptake of Health Star Rating on processed foods and beverages.

Consideration of warning labels for nutrients of concern that complements Health Star Rating is also noted. Care must be taken to ensure that such warning labels do not undermine Health Star Rating, as producers may not see any benefit in displaying Health Star Rating on foods required to carry such warning labels. This proposal warrants further consideration, including consultation with food industry, public health and consumer representatives.

Food producers have a responsibility to provide labelling that supports consumers to make healthier choices. We must also recognise that food retailers, including supermarkets, can equally undermine healthy food choices. For example, we know that supermarket design influences purchasing and consumption patterns. Product placement within a supermarket is used to encourage shoppers to purchase certain products. Even the range of packaged food products offered can impair decision making. Food producers and retailers need to acknowledge their role and become more socially responsible, as part of efforts to address obesity. Without their engagement from food retailers it will be extremely difficult to improve the eating habits of Australians in a meaningful way.

An increasing number of shoppers are interested in the impact their food choices have on the environment. The development of sustainability indicators may assist interested shoppers to understand how their food and beverage choices impact on the environment. However, care must be taken to ensure that such labelling does not contribute to any association of guilt with food selection, particularly in those instances where selection is driven by cost considerations. Sustainability indicators must also not undermine healthier food choices, as it is possible that some whole foods may impact on the environment more than highly processed foods and beverages. Further modelling and consideration, including consultation around this proposal is warranted.

4.7 Explore policy options related to the price of food and drinks to shift consumer purchases towards healthier food options.

Governments are unique in their capacity to influence and regulate people's behaviour on a large scale. The full range of instruments, such as taxation, financial penalties and incentives, subsidies and market interventions, policy and legislation should be applied to make it easier for people to make healthier choices. In applying these instruments, governments should recognise that those sections of the food industry that market and profit from energy dense and nutrient poor food products are not bearing the full costs of their activity but are shifting costs onto the public sector and general community.

The AMA is disappointed that the draft strategy does not contain a more concrete recommendation about the need for a tax or levy on sugar sweetened beverages. There is a clear relationship between

consumption of sugary beverages and obesity. In addition, there is widespread support from the health organisations and the general public on the need for such a measure.

Recent evidence from Mexico indicates that implementing health-related taxes on sugary drinks and on 'junk' food can decrease purchase of the intended food and drinks without affecting purchase of other food and drink items. An Australian study predicted that increasing the price of sugary drinks by 20 per cent could reduce consumption by 12.6 per cent. Further, a recent systematic review indicated that, in addition to being effective, a sugary drinks tax is also likely to reduce inequalities in purchase and consumption of sugary drinks. Revenue raised by such a measure should initially be directed to an evaluation of effectiveness. In the longer term, revenue may be used to subsidise and market healthy food choices, as well as the promotion of physical activity.

We want to know what you think about the proposed strategies and sub-strategies for Enabler 1: lead the way.

Strong national leadership is critical for action on obesity. For too long, obesity has been considered as a matter of personal responsibility. Governments are unique in their capacity to influence and support healthy behaviours, this includes policies and activities that occur outside of health portfolios.

We want to know what you think about the proposed strategies and sib-strategies for Enabler 2: better use of data.

There continues to be gaps in the evidence about what contributes to, protects against, and reduces overweight and obesity, particularly with respect to certain population groups (e.g., Aboriginal and Torres Strait Islander peoples, those with disabilities, those from culturally and linguistically diverse backgrounds). There is also a strong need to closely monitor and evaluate the effectiveness of the measures and treatments that are implemented to address obesity.

We want to know what you think about the proposed strategies and sub-strategies for Enabler 3: build the workforce.

The AMA reiterates concerns about the impractical delineation between early intervention and treatment in the scope of the draft national strategy. General practice is well suited to the initiation and coordination for weight management of individuals. Evidence suggests that interventions (or combinations of interventions) delivered via multidisciplinary care arrangements may be more effective, particularly when the usual healthcare provider is also involved. General practitioner-led multidisciplinary care for weight management may also be informed by dieticians, exercise physiologists, psychologists, diabetes educators, nurses, physiotherapists, occupational therapists, and social workers.

We want to know what you think about the proposed strategies and sub-strategies for Enabler 4: invest for delivery.

Overall, the exact costs of obesity are difficult to determine, but are likely to be extensive. A recent estimate of the costs for governments (including higher healthcare spending, higher welfare spending and lower tax revenue due to lower employment rates) put the amount at $5.3 billion per annum (including $2.6 billion in extra health care spending). There are also costs for individuals and families. In addition to the health care costs, obese people may also have reduced wellbeing because of illness and quality of life, foregone earnings due to lower employment rates, and possibly discrimination.

While investments in the strategy will not immediately reduce the associated costs, significant and sustained investment in the delivery of the draft national obesity strategy is vital. Without this commitment from governments, the strategy will be difficult to implement and its utility likely undermined.

Do you have any comments or feedback on the proposed governance arrangements?

The AMA supports the COAG Health Council having responsibility for the implementation, monitoring and progress reporting for the national obesity strategy, understanding that the Australian Health Ministers Advisory Council will provide additional support. The AMA is particularly pleased at the proposal for the establishment of a new cross portfolio federal, state and local government committee to further support these efforts. Recognition of the important role of partnerships with non-government organisations, private sector, population group representatives and community members is also welcome.

Do you have any comments or feedback on the proposed implementation of a national obesity strategy? For example:

- *Do you support the development of a national implementation plan supported by state and territory plans?*

  Recognising the state and territory governments have jurisdiction over a number of sub-strategies contained within the draft national strategy it is appropriate to have both national and state and territory plans.

- *Do you have any comments about how the strategy should be monitored and evaluated? For example:*
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    - *Are targets needed? If so what should they be?*
      Yes

    - *How and how often should governments report on progress?*

      Regular reporting supports identification and refinement of activities that are not working as intended. Ideally, yearly reporting of progress should be available for both national and state and territory plans.

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