

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE

ACDPA response – National Obesity Prevention Strategy

3 November 2021

Questions 1-7

Organisation details and privacy questions

8. Do you agree with the overall approach of the Strategy? (250w)

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
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ACDPA strongly supports the development of the National Obesity Prevention Strategy to guide action on overweight and obesity in Australia. We support the overarching principles, objectives, ambitions and strategies, including the focus on creating healthier food environments and the need for leadership and multisectoral engagement.

However, the draft strategy should be strengthened to achieve its purpose. It should also complement the national strategies being developed on prevention and primary care. The strategy should include:

- Clear and measurable targets for action, aligning with the National Preventive Health Strategy.
- a national governance committee to ensure consistent national implementation of the strategy with representation from all governments, led by Health Ministers.
- a national implementation plan including agreed evidence-based actions and responsibilities for each strategy and a timeline for implementation and reporting. This should be delivered in the next 6 months and reporting should occur at regular intervals over the strategy's 10-year timeframe.
- 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? (250w)

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
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We support the title and the Strategy's focus on prevention, which reflects the evidence reviews on obesity prevention and focus of earlier consultations.

10. 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 nor disagree	Disagree	Strongly Disagree	Not relevant to me
Sustainable Development	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

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11. The Strategy includes a high-level Vision outlined on page 12 of the draft. Do you agree with the Vision? (250w)

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
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12. The Strategy includes a Target outlined on page 12 of the draft. Do you agree with the Target? (250w)

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
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The National Obesity Prevention Strategy needs to align with the National Preventive Health Strategy targets to reduce obesity, improve diets and physical activity. The target needs to be more ambitious than halting the rise in obesity, we believe that that target should be based on **reversing** the trend in obesity by 2030 including some of the following specific targets

- 1.
2. Reduce overweight and obesity in children aged 5-17 years by 5% by 2030.
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.
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.
8. 50% of babies are exclusively breastfed until around 4 months of age by 2030.
9. Reduce the prevalence of insufficient physical activity amongst children, adolescents and adults by 15% by 2030

13. 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 nor disagree	Disagree	Strongly Disagree	Not relevant to me
More people eating healthy food and drinks	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
More people being physically active	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
More resilient systems, people, and communities	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

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More accessible and quality support for people	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
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ACDPA strongly supports these objectives. We recommend changing the second objective to ‘**more people having healthy eating patterns**’ to reflect the need to reduce unhealthy food and drinks, alongside eating healthy foods.

We recommend changing the third objective to ‘**more people being physically active and less sedentary**’ to reflect the need for people to move more, as well as minimising sedentary behaviour.

14. Are there any Objectives missing?

Yes. We recommend another objective ‘More people reducing their consumption of unhealthy food and drinks.’ Unhealthy foods make up more than one-third of people’s daily energy intake and foods high in saturated fats, sugars and salt are readily available, affordable and widely marketed. Unhealthy diets contribute to a large amount of chronic disease burden, as well as increasing risk of overweight and obesity. The impact of unhealthy foods on weight gain and obesity should be explicitly recognised in the Strategy with explicit actions to reduce consumption of unhealthy foods and drinks.

15. 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 nor 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 nor disagree	Disagree	Strongly Disagree	Not relevant to me
All Australians have access to early intervention and primary health care.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

ACDPA strongly agrees with the overarching ambitions. We support the complementary focus on creating healthy environments, empowering and enabling people to lead healthy lives, and supporting access to help people manage their health.

16. 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 nor disagree	Disagree	Strongly Disagree	Not relevant to me
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Better use of evidence and data	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Invest for delivery	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

We support the Enablers, particularly ‘Invest for delivery’ and ‘Lead the way’, which highlight the need for government to prioritise prevention. Obesity is a leading risk factor for chronic conditions and has been linked to increased risk during COVID-19.

<https://www.obesityevidencehub.org.au/collections/impacts/impact-of-obesity-on-covid-19-outcomes>

‘Lead the way’ reflects the crucial need for strong leadership. With two in three Australian adults and many children overweight or obese, there must be a national and jurisdictional commitment to obesity prevention. We support a national governance committee to oversee the strategy’s implementation with membership across Federal and State/Territory governments and to be led by Health Ministers. We also recognise the need for action on obesity across sectors and levels of government to create environments that support healthy behaviours and reduce the risk of overweight and obesity.

We strongly support the Enabler ‘Invest for delivery’, which underpins the success of the strategy. Investment in prevention is currently less than 2 percent of the national health budget, but there is a target in the draft National Preventive Health Strategy to increase investment in prevention to 5 percent by 2030. We strongly support increased investment and a sustained commitment to fund prevention, health promotion, and obesity prevention for long-term benefits in health and wellbeing, reduced healthcare costs, increased engagement in society and productivity. This requires Federal, State and Territory investment and implementation of the actions in the National Obesity Prevention strategy.

There are major fiscal opportunities to support investment in prevention including a sugary drinks levy (estimated \$400M per year in revenue) and a volumetric tax for all alcoholic drinks (estimated \$2.7B per year in revenue).

17. Are there any Enablers missing?

We recommend two additional enablers.

Protect against conflict of interest to highlight the crucial need to protect against actual, perceived and potential conflicts of interest. This is especially important with regard to potential conflicts of interest by the food and alcohol industries when involved in health policy discussions. There are World Health Organization principles to prevent conflict of interest in policymaking, and we support measures including transparent stakeholder engagement processes, conflict of interest registers, as well as limiting unhealthy industry engagement in policy development.

Health in all policies to explicitly recognise the role of health in policymaking across levels and sectors of government, including education, planning, transport, and agriculture. This is consistent with the National Preventive Health Strategy’s focus on a health lens across policies and partnerships. ‘Health in all policies’ must be further enabled by: leadership across the sectors, workforce planning and capacity building, community empowerment, culture change, and consistent goals and messaging across sectors.

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Section 4 – Ambition 1 – All Australians live, learn, work and play in supportive and healthy environments

18. 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 nor 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 nor 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 nor 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 nor 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 nor 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 nor 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 nor 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 nor 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 nor 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 nor 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 nor disagree	Disagree	Strongly Disagree	Not relevant to me

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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 nor disagree	Disagree	Strongly Disagree	Not relevant to me
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We recommend that ‘examples of actions’ be prioritised and changed to recommended actions with corresponding accountabilities.

Strategy 1.3:

We strongly support this objective with the change to ‘implement’ rather than ‘explore’ economic tools to shift consumer purchases. There is already a large amount of evidence supporting fiscal policies as feasible and cost-effective policies to improve dietary patterns.

<https://www.obesityevidencehub.org.au/collections/prevention/price-policies-for-food-and-beverages-an-overview>

We support explicit recognition of a health levy on sugary drinks and recommend changing the wording to ‘implement’ rather than ‘investigate policy approaches,’ as sugary drinks levies have been well researched and successfully implemented around the world. We also recommend removing the wording ‘while minimising impacts on disadvantaged Australians’, as evidence demonstrates greatest benefits for Australians in certain population groups.

<https://journals.plos.org/plosmedicine/article/authors?id=10.1371/journal.pmed.1002326>

We explicitly support retaining the GST exemption on healthy foods to support affordability and consumption of fruit and vegetables as part of a healthy diet.

Strategy 1.5:

We strongly support policies to reduce the impact of unhealthy foods and drinks, including through labelling to provide accurate, easy to understand information on products. We recommend changing the wording to make the Health Star Rating system mandatory to enable consumers to compare similar products.

Strategy 1.6:

We strongly support policies to protect children from unhealthy food marketing. This should be specific and include government regulatory approaches to protect children, as voluntary industry codes have been insufficient to achieve change and public health benefits.

19. Are there any Strategies missing in Ambition 1?

We recommend a stronger focus on reducing the availability, affordability and consumption of unhealthy food and drinks to complement changes in healthy food consumption.

Section 5: Ambition 2 - All Australians are empowered and skilled to stay as healthy as they can be

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20. 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 nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 2.2 Use sustained social marketing.	Strongly Agree	Agree	Neither agree nor 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 nor 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 nor 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 nor 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 nor 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 nor disagree	Disagree	Strongly Disagree	Not relevant to me

We recommend that ‘examples of actions’ be prioritised and changed to recommended actions with corresponding accountabilities.

Strategy 2.2

We strongly support comprehensive, evidence-based and sustained social marketing campaigns to support awareness and behaviour change. Social marketing campaigns can be used to encourage healthy diets and physical activity and are important to complement prevention programs.

We recommend amending the strategy 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 food environment, such as labelling reform. *Liveliighter* in WA provides a model for a public health education campaign that is funded by government and delivered by Cancer Council WA to help people to eat well, be physically active and avoid excess weight gain. The program’s messaging and execution

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are based on literature reviews of social marketing campaigns, behaviour change theory and expert input, and the results of campaigns are monitored with evaluation papers publicly available.

Strategy 2.7

We strongly support 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.

21. Are there any Strategies missing in Ambition 2?

Section 6: Ambition 3 - All Australians have access to early intervention and primary health care

22. 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 nor 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 nor 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 nor 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 nor disagree	Disagree	Strongly Disagree	Not relevant to me

Comments on Ambition 3 Strategies

ACDPA recommends that 'examples of actions' be prioritised and changed to recommended actions with corresponding accountabilities.

Strategy 3.1

Obesity is a major risk factor for cardiovascular disease, stroke, type 2 diabetes, chronic kidney disease, and certain cancers. We support access to preventive care in primary and community care settings to help people understand and manage their risk factors for chronic disease, including obesity.

Strategy 3.2

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We support this strategy to enable risk assessment and management of risk factors, including obesity, as 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. However, embedding prevention in the health system requires funding reform to proactively support health professionals to assess and manage risk, as well as evidence-based risk assessment tools, adequate training, and strong referral pathways to risk management programs and allied health professionals.

The Queensland *My health for life*, Victorian *Life! Program* and NSW & SA *Get Healthy Service* are examples of state-based programs that assist people to understand and manage their risk of disease through health coaching and support for behaviour changes that could be adapted in other states and territories. Recruitment to these programs can be supported by social marketing campaigns to increase awareness and drive participation.

Evaluation of the QLD *My Health for Life* program found that, at the completion of the program, 70 percent of participants had reduced their waist circumference, and 49 percent met Australian physical activity guidelines. Six months after completion, 48 percent of participants had further decreased their waist circumference, and 83 percent of participants met Australian physical activity guidelines. The ability of the Strategy to learn from, and build on, initiatives such as this, will be critical to its success.

Reference - <https://www.myhealthforlife.com.au/>

23. Are there any Strategies missing in Ambition 3?

We support the need for primary care to shift towards prevention, risk assessment and management of risk to help people stay well for longer, and potentially halt and reverse disease progression through managing risk factors, like obesity. These need to be implemented alongside strategies in Ambition 1 and 2 to be effective in addressing obesity and preventing inequities.

24. 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.

	5 most important strategies	5 least important strategies
Strategy 1.1 Build a healthier and more resilient food system.		
Strategy 1.2 Make sustainable healthy food and drinks more locally available.		
Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.	TOP 5	
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.	TOP 5	

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Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.	TOP 5	
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.	TOP 5	
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.		
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.	TOP 5	
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 strongly support strategies to change the food environment, supported by social marketing campaigns to increase awareness and encourage healthy behaviours alongside access to preventive care and management of chronic disease risk factors, including unhealthy weight, unhealthy diets and physical inactivity.

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There is a need for the strategy to prioritise the recommended actions and evidence base for action. The strategies we have rated in our top 5 are supported as cost-effective approaches to address obesity and prevent and control chronic diseases.

Section 7: 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?

We are concerned about the model of flexible implementation, as there should be national commitment, funding and implementation of this Obesity Strategy. While we support the ability of governments to tailor implementation to the local context and build on existing policies and programs, 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 ensure and monitor 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, 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**, in line with the World Health Organization principles to prevent conflict of interest in policymaking.

The strategy must also work and be co-designed with communities, particularly Aboriginal and Torres Strait Islander communities, to ensure successful implementation and support Closing The Gap priority reforms.

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

We highlight the importance of alignment with the National Preventive Health Strategy and strongly support the National Preventive Health Strategy target to increase investment in prevention to 5 percent of the health budget by 2030, which should include funding for actions to address obesity.

The strategy should prioritise the actions and change the wording from 'examples of action' to recommended actions with responsibilities for action.

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About ACDPA

The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and Stroke Foundation. Members work together to collectively promote prevention, integrated risk assessment and effective management of chronic disease risk.

Obesity and chronic disease

Overweight and obesity is a major risk factor for chronic disease and an important issue for ACDPA, as it is a shared risk factor across a number of conditions, along with unhealthy diet and physical inactivity. Overweight and obesity increases risk of heart disease, stroke, type 2 diabetes, chronic kidney disease, and 13 types of cancer. However, disease burden could be dramatically reduced if everyone in Australia was a healthy weight. This could reduce diabetes by 53 percent, chronic kidney disease by 38 percent, oesophageal cancer by 38 percent, coronary heart disease by 25 percent, stroke by 22 percent, and breast cancer by 22 percent, among other reductions.

Reference - AIHW 2018. Australia's health 2018. In brief. Cat. no: AUS 222. Canberra: AIHW

Children with overweight and obesity are also more likely to become adults with overweight or obesity, and to develop chronic conditions earlier, including type 2 diabetes and cardiovascular disease. Childhood obesity has been associated with increases in diabetes, coronary heart disease and some cancers in adulthood. Similarly, results from the US 'Stroke Prevention in Young Adults' study suggest that younger people may be experiencing an increased risk of stroke due to increasing levels of obesity and accompanying co-morbidities. Preventing childhood obesity and unhealthy weight gain are important strategies to control obesity at the population-level due to the difficulties in reversing excess weight gain once established.

References

<https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/overweight-obesity>

Mitchell AB et al. Obesity increases risk of ischemic stroke in young adults. *Stroke*. 2015; 46(6): 1690-2.

ACDPA strongly supports the development of the National Obesity Prevention Strategy, and we highlight the important role of the Federal, State and Territory governments to fund, implement and monitor progress of the strategy to achieve meaningful reductions in obesity.