## Summary of evidence type and source for example actions

## National Obesity Strategy 2022 – 2032 Annex

A breadth of evidence informed the individual strategies and examples of actions of the National Obesity Strategy (NOS). A summary of the evidence sources is outlined in the table below. Further information on each evidence type follows.

Most strategies/examples of action have more than one source of evidence. For the practice review, there are usually multiples sources of evidence considered, but these have not been listed individually, as they were considered collectively in the thematic analysis.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Evidence type*** | ***Evidence Source and coding*** | | |
|  | Systematic review evidence  (best buys/promising interventions) |  | ER1  ER2 | Evidence review 1: population interventions for healthy weight  Evidence review 2: social/commercial determinants of healthy weight |
|  | Authoritative recommendations |  | PR | Practice review |
|  | Consultation outcomes  (community identified need) |  | SI  OS  NC | Select Senate Inquiry into Obesity  National Obesity Summit  National consultation |

| **STRATEGY AND EXAMPLE ACTIONS** | **EVIDENCE TYPE** | **EVIDENCE**  **SOURCE** |
| --- | --- | --- |
| **AMBITION 1: CREATING SUPPORTIVE AND HEALTHY ENVIRONMENTS** | | |
| **Strategy 1.1 Build a healthier food system that favours the production, processing and distribution of healthy food and drinks.** | | |
| Assess the health impacts and other co-benefits of economic policy, including international trade and investment agreements, where relevant, to influence and support a healthier food and drinks supply chain. |  | ER2  PR |
| Fund and encourage innovation to shift industries towards healthy food uses and/or new non-food markets. |  | PR  NC |
| **Strategy 1.2 Make sustainable healthy food and drinks more locally accessible.** | | |
| Ensure that land use planning schemes protect high-quality agricultural land in and around urban areas and on the rural-urban fringe. |  | ER2  NC |
| Increase access to local healthy food and drinks in residential communities through land use planning and policy (e.g., fewer fast food outlets around schools and community services, but smaller healthy food businesses; and establish local agriculture initiatives such as farmers’ markets, community gardens, home gardens). |  | ER2  NC |
| Support community-led approaches to increase sustainable access to healthier foods, traditional bush foods and food sharing networks by Aboriginal and Torres Strait Islander peoples, especially those living in remote communities and outstations. |  | ER2  NC |
| Consider and embed sustainable changes to food distribution systems to enable reliable provision of safe nutritious food for all Australians. |  | PR  NC |
| Provide health advice on local and state development policies, plans and proposals. |  | PR |
| Ensure sufficient access to high quality, safe and palatable drinking water. |  | NC |
| **Strategy 1.3 Explore and implement use of economic tools to shift consumer purchases towards healthier food and drink options.** | | |
| Investigate economic and investment policies to make farming, production, and manufacturing of healthy food and drinks—like fresh fruit and vegetables—attractive. |  | ER2  PR  OS  NC |
| Utilise financial incentives to encourage the consumption of basic healthy foods (for example, fruit and vegetables, meat, eggs, bread, some dairy products, other basic items). |  | ER1  PR |
| Consider policy approaches that use price to reduce consumption of sugar-sweetened beverages while minimising impacts on disadvantaged populations. |  | ER1  ER2  PR  SI  OS  NC |
| Consider policy approaches that use price to reduce consumption of alcoholic beverages, potentially through a uniform volumetric tax and/or a floor price. |  | ER1  ER2  PR  NC |
| Review and implement relevant evidence-based recommendations of the House Standing Committee on Indigenous Affairs Inquiry into Food Pricing and Food Security in Remote Indigenous Communities. |  | ER1  PR  NC |
| Build partnerships with supermarket chains and remote stores to encourage stocking affordable healthier food and drinks in regional, rural and remote areas and communities experiencing disadvantage. |  | ER1  ER2  PR  SI  NC |
| **Strategy 1.4 Make processed food and drinks healthier.** | | |
| Work in partnership with industry to establish, monitor and strengthen reformulation targets for food and drink manufacturers, retailers and caterers. |  | ER1  ER2  PR  OS |
| Through the food regulation system, consider other innovative policy or regulations to support healthy food and drink choices, for example, labelling, and compositional limits for added sugar, salt, saturated fat and/or trans-fat that can be used in certain foods and drinks, including for babies and toddlers. |  | ER1  ER2  PR  NC |
| Improve the nutrient profile of unhealthy food and drinks through using vegetables, legumes or wholegrain cereals in food service and retail settings. |  | PR |
| Reduce serving sizes of unhealthy food and drinks in food service and retail settings, particularly items designed for children. |  | PR |
| **Strategy 1.5 Improve nutrition information to help consumers make healthier choices at the time of purchase.** | | |
| Continue to improve the Health Star Rating system including stronger implementation, the potential for mandating the system if targets are not met, and alignment with Australian Dietary Guidelines and Nutrient Reference Values. |  | ER1  ER2  PR  SI  NC |
| Consider other policies or regulations to provide nutrition information that support people to make healthier food and drink choices (such as prominent advisory labels for unhealthy ingredients such as added sugar, salt, saturated and/or trans fats, alcohol). |  | ER1  ER2  PR  SI  OS |
| Work with supermarkets and food retailers to increase the prominence, promotion and availability of healthy food and drinks in food retail, consistent with the Australian Dietary Guidelines, including removing shelf-space allocation differences between socio-economic areas. |  | ER1  ER2  PR  SI  OS |
| Adopt consistent national regulation for businesses through the food regulation system to display energy content (kilojoules) of standardised ready-to-eat-food on menus and at point of sale. |  | ER1  ER2  PR  SI |
| **Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.** | | |
| **Children** | | |
| Consider policies to reduce the exposure of unhealthy food and drink advertising across all audio-visual media. |  | ER1  ER2  PR  SI  OS  NC |
| Reduce unhealthy food and drink advertising, branding and sponsorship in places visited by large numbers of people, especially children (like vending machines, supermarket checkouts and aisles, entertainment and sporting venues). |  | ER1  ER2  PR  NC |
| Implement policies that further protect infants and families from the excess availability and marketing of breast milk substitutes, toddler milks and follow-on formulas, including reviewing regulatory arrangements for restricting the marketing of breastmilk substitutes. |  | ER1  ER2  PR  NC |
| Restrict promotions of unhealthy food and drinks when using devices that appeal to children like toys and games. |  | PR  NC |
| **Whole Population** | | |
| Reduce unhealthy food and drink marketing on publicly owned or managed settings (like public transport infrastructure) and promote healthy lifestyles instead. |  | ER1 ER2  PR |
| Reduce unhealthy food and drink sponsorship and marketing at local and major sporting and community events. |  | ER1  ER2  PR  NC |
| Explore options for restricting temporary price reductions and promotions (e.g., half-price, multi-buys, upsizing) on unhealthy food and drinks. |  | ER1 |
| Introduce user controls (including parental controls) to limit exposure to digital advertising (including social media) of unhealthy food and drinks. |  | PR |
| Work with supermarket chains to prevent the targeting of advertising and promotion of unhealthy food and drinks to more-at risk people and communities, currently done through differential advertising and promotions between socioeconomic areas. |  | PR  NC |
| **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.** | | |
| Improve land use planning and policy coordination to give all people can better access natural environments, public open space and active transport networks |  | ER1  ER2  PR  OS  NC |
| Invest more in public transport infrastructure and services, including after-hours, so using public transport is more convenient, safe and sustainable |  | ER2  PR  OS  NC |
| Increase investment in cities and neighbourhoods that prioritise access for pedestrians of all ages and abilities. This includes supporting safe, shaded, connected and well-maintained pathways, and slower posted speed limits, including in-fill developments and large-scale urban renewal projects. |  | ER1  ER2  PR  OS  NC |
| Build, maintain and extend safer, segregated networks of pathways and amenities for bicycle riders and other non-motorised forms of transport (such as skateboards, scooters and wheelchairs) in cities and neighbourhoods, especially around schools. |  | ER1  ER2  PR  OS  NC |
| Conserve and develop open spaces, green networks, recreation trails and ecologically diverse natural environments that enable active interaction with nature, making sure they are accessible for all abilities and ages. |  | ER1  ER2  NC |
| Develop, maintain and extend infrastructure in all communities that grows participation in sport and active recreation, to enable individuals and families to be active together. |  | ER2  PR |
| Provide health advice on local and state development policies, plans and proposals. |  | PR |
| **Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.** | | |
| Promote and support safe active travel for adults and children (for example, through integrated land use planning and transport policy, accessible change rooms and free end-of-trip facilities, participation incentives, reduced car registration for bicycle commuters). |  | ER1  ER2  PR  OS  NC |
| Offer free or low-cost physical activity and free use of active recreation opportunities, including access to natural environments and after-hours use of public, school sport and recreation facilities. |  | ER1  NC |
| Use subsidies, vouchers and other financial incentives and design programs to help increase participation in sport and active recreation, particularly for priority groups (for example, low-income individuals and families, new migrants, people who are inactive, people with disability, people in rural and remote areas). |  | PR  NC |
| Explore existing fiscal policies to ensure they appropriately incentivise active travel and public transport use. |  | PR  NC |
| Make recreation and sports facilities more available, of higher quality, and accessible to all ages and abilities (e.g., through rental equipment, children practice/parent train programs) |  | PR |
| Implement more regular and free physical activity initiatives and events for the community that promote mass participation in physical activities. These should be fun, inclusive and appropriate and held in accessible spaces, with a focus on those least likely to participate. |  | PR |
| Connect people with appropriate and inclusive physical activities and providers/organisations in their community who deliver these activities, focusing on priority groups and key life transitions points (e.g., leaving school, starting a family, retirement). |  | PR  OS  NC |
| **Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.** | | |
| Consider additional fiscal policy options to improve viability of community sport and active recreation clubs and organisations (for example, providing subsidies, incentives and equipment, and reducing rental, insurance and utilities costs). |  | PR  NC |
| Enable the sport and active recreation industry to innovate their use of existing facilities and infrastructure to increase physical activity participation, catering for all ages, abilities and family status. |  | PR  NC |
| Boost the viability and sustainability of the sport and active recreation industry by improving economies of scale to reduce operating costs for clubs and organisations. Implement shared service models for administration functions (such as finance, human resources, legal, communications) and ensure opportunities to share resources (such as playing fields, equipment, gyms, clubhouses). |  | PR |
| Invest in the growth and development of coaches and trainers to ensure safe and inclusive cultures and environments and to increase enjoyment and lifelong participation in physical activity of participants. |  | PR |
| Support the growth and development of sport and physical activity events and tourism activities that promote healthy lifestyles and that are commercially viable, particularly in rural and regional communities. |  | PR |
| **Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to be healthier.** | | |
| Establish effective shared leadership across education and health and build professional knowledge and skills to embed physical activity, healthy eating, and wellbeing across the learning and education environment. |  | ER1  PR  NC |
| Embed healthy eating, physical activity, and wellbeing into early childhood and school curriculum design and delivery, aligned with national guidelines. |  | ER1  ER2  PR  NC |
| Establish whole-of-school/facility policies and practices to support healthy behaviours and skills (for example, incorporating movement across the day and reducing sitting, healthy school canteens and childcare menus, healthy fundraising). |  | ER1  PR  OS  NC |
| Build family and community partnerships within and beyond school and early childhood education and care communities to support learning outcomes and deliver programs like healthy breakfast, active play, safe active travel. |  | ER1  ER2  PR |
| Create safe and inclusive physical environments and infrastructure to support healthy behaviours and skills (like community kitchens, food gardens, active play areas). |  | ER1  ER2  PR |
| Provide after-hours use of school facilities to expand available, accessible, and affordable physical activity options and destinations for families and communities. |  | ER1  PR |
| **Strategy 1.11 Enable workplaces to better support the health and wellbeing of their employees.** | | |
| Offer flexible work options to reduce travel time, freeing up time for meal planning and preparation, family time and physical activity |  | PR  NC |
| Adopt best-practice breastfeeding policies and practices (for example, facilities, maternity/parental leave, flexible work times for breastfeeding). |  | PR  NC |
| Create physical environments and policies that encourage and prioritise physical activity, support active travel, reduce sedentary behaviour and stress. |  | PR  NC |
| Increase access to healthy food and drinks and limit access to, or remove, unhealthy food and drinks (for example, in catering, vending machines, cafes, canteens). |  | PR  NC |
| Design buildings and facilities that support and encourage healthy behaviours (like stairs, kitchen facilities, end-of-trip facilities, height adjustable desks, breastfeeding facilities). |  | PR  NC |
| Increase access to evidence-based non-discriminatory programs and information to support healthy eating, physical activity, and healthy weight. |  | PR  NC |
| **Strategy 1.12 Enable government agencies and other organisations to support health and wellbeing of citizens and customers.** | | |
| Require that policies and practices across settings include healthy and local food and drink procurement, and that they provide cater, fundraise for and prepare healthier foods, especially in government institutions |  | ER1  PR  OS  NC |
| Ensure tertiary and training institutions provide safe, affordable and appropriate sport and active recreation amenities, with more health food and drink options in catering, food service and vending machines. |  | PR  NC |
| Provide training and support so people have the skills and confidence to prepare and provide healthy appropriate food and drinks that are enjoyed in community and care settings, like aged care and supported living accommodation. |  | NC |
| **AMBITION 2: EMPOWERING PEOPLE TO STAY HEALTHY** | | |
| **Strategy 2.1 Improve people’s knowledge, skills and confidence to lead active lives and to buy, prepare and enjoy healthy food and drinks.** | | |
| Provide engaging information, education, and skill-building initiatives, including online, that promote and align with the Australian guidelines for healthy eating, alcohol, physical activity, sedentary behaviour and sleep, with further tailoring of messages and information for priority groups and life stages. |  | ER1  PR  NC |
| Regularly update and widely promote Australian guidelines for healthy eating, physical activity, sedentary behaviour and sleep guidelines, ensuring they remain based on scientific evidence (including environmental sustainability research), and are free from vested influence. |  | PR  SI |
| **Strategy 2.2 Use social marketing to foster healthy social and cultural norms, reduce weight stigma and help people make healthy choices.** | | |
| Deliver ongoing evidence-informed social marketing, including mass media campaigns, integrated with local actions and tailoring of messages for priority groups. |  | ER1  PR  NC  SI |
| Partner with Aboriginal and Torres Strait Islander peoples, community-controlled organisations and communities to develop and deliver culturally safe and responsive social marketing. |  | ER1  ER2  SI  NC |
| Invest in communication campaigns that promote the health, social, economic and environmental co-benefits of physical activity, especially active travel, and of minimally processed foods. |  | PR |
| Harness major sporting events over the next decade to promote lifelong participation in sport and living a healthy lifestyle. |  | NC |
| **Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.** | | |
| Embed support for healthy eating, sleeping and physical activity into standard maternal health service practice (before, during and after pregnancy). This should include targeted and sensitive approaches during pre-conception for prospective parents who are, or are at risk of becoming, overweight or obese, and for women with diabetes in pregnancy, especially those from priority groups. |  | ER1  ER2  PR  OS |
| Strengthen and provide healthy eating, sleeping and physical activity guidance and support for parents after birth, as they transition and adjust to their new roles. |  | ER1  ER2  PR |
| Support women to breastfeed, and continue to breastfeed, by implementing the Australian National Breastfeeding Strategy: 2019 and Beyond. |  | ER1  PR  NC |
| Support parents, carers and families to give their infants, children and adolescents healthy food and drinks (for example, appropriate nutrition when introducing solids, responsive feeding, food portion size), encourage movement (for example, limit screen time, motor skill development, regular physical activity) and sufficient sleep. |  | ER1  ER2  PR  OS  NC |
| Encourage and support parents, carers and families to positively influence children’s physical activity levels through role modelling and co-participation (in active recreation, active transport, active living) and restricting screen time. |  | NC |
| **Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.** | | |
| Partner with young people to develop appropriate peer and community-based social supports to enhance and support their physical activity, healthy eating, sleep and wellbeing. |  | ER2  OS |
| Invest in low or no cost approaches to provide cooking skills and education to young people with a focus on low-income groups. |  | NC |
| Develop and implement targeted and inclusive ways to support young people to continue participating in physical activity and sport through high school and the transition to work or further study. |  | NC |
| Ensure consultation and co-design with different age groups and diverse communities of young people and young adults (such as those based in rural and remote areas, living with disabilities and LGBTIQA+, Aboriginal and Torres Strait Islander, refugee and migrant communities) about new activities and facilities in their local public spaces, with plans designed to be inclusive, be age, gender and culturally appropriate, and meet the local community preferences. |  | NC |
| **Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.** | | |
| Support community-led active living and healthy eating initiatives that build skills, are relevant for various interests, ages, and abilities, engage local communities and organisations, and build social cohesion. |  | ER1  ER2  PR  SI  NC |
| Support Aboriginal and Torres Strait Islander peoples, communities and community-controlled organisations to lead decision-making, planning, design, evaluation and implementation of locally responsive, accessible and culturally appropriate preventive health actions. |  | ER2  NC |
| Invest more in community initiatives that encourage leadership, promote self-determination, drive innovation, and support cooperation to create community places and spaces that promote good health. |  | ER1  ER2  PR  OS  NC |
| Support diverse local leaders to ‘champion’ healthy eating and physical activity initiatives and events in their communities, supported by a nationwide knowledge network and learning community. |  | OS  NC |
| **Strategy 2.6 Enable and empower priority populations to have the same opportunities as others.** | | |
| Explore mechanisms to ensure that the incomes of those experiencing economic disadvantage meet the real cost of healthy living. |  | ER2  NC |
| Work with education sector partners to investigate and implement appropriate self-determined policy and community-led options to increase attendance and retention of students until Year 12. |  | ER2  SI  NC |
| Apply a health lens to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health. |  | PR |
| Develop a national policy document to address food security in Aboriginal and Torres Strait Islander communities and other priority populations. |  | PR |
| Build on existing affordable housing initiatives to improve community and household amenity (including reducing overcrowding, improving household food preparation and storage facilities). |  | NC |
| **AMBITION 3: ACCESS TO EARLY INTERVENTION AND SUPPORTIVE CARE** | | |
| **Strategy 3.1 Enable access to primary health care, community-based practitioners and health services.** | | |
| Promote and enable access to healthy lifestyle and weight management services at critical times, such as diabetes management, pre-and post-natal care for parents, and children as they develop. |  | ER1  PR  NC |
| Embed person-centred approaches to health care so people are empowered to get support, and systems can respond to their specific needs and preferences. |  | PR  NC |
| Provide access to local programs, routinely measuring body mass index (BMI), talking to patients about supports for healthy eating, physical activity and weight loss treatments that are inclusive, equitably available, evidence-based and designed with local communities to meet local needs. |  | PR  NC |
| Increase availability and equitable access to culturally appropriate family-focused programs that support healthy lifestyles and/or weight management for children and young people. |  | PR  NC |
| Ensure early intervention services do consider various delivery modes (including telehealth and other digital technology) that are affordable and accessible for all, regardless of age, where they live, cultural background or income. |  | NC |
| Create new standards for healthy eating, physical activity and weight management programs to establish a consistent expectation for consumers about evidence-based programs. |  | NC |
| Embed information and advice in routine clinical practice (including maternal and child health, Aboriginal and Torres Strait Islander health, aged care, cardiac rehabilitation and oral health services) and programs (for example integrated care, chronic disease management and Quitline). |  | NC |
| **Strategy 3.2 Improve uptake of integrated models of care and referral pathways that focus on the individual.** | | |
| Update the 2013 National Health and Medical Research Council’s *Clinical practice guidelines for managing overweight and obesity in adults, adolescents and children*. |  | PR  NC |
| Enable practitioners, primary health networks (PHNs) and health services to embed prevention and optimal care into everyday practice including supporting healthy lifestyle changes, and health and social outcomes, in addition to weight management, with clear referral pathways to services and support, including specialist services. |  | PR  NC |
| Improve the functionality of existing jurisdictional digital health infrastructure - such as the National Health Services Directory and clinical information management systems - to improve health and other professional referral pathways and people’s access to appropriate local services and programs. |  | NC |
| Provide access to effective psychosocial and social support (such as counselling, cognitive behaviour therapies, non-government services). |  | NC |
| Improve integration and uptake of existing and complementary care plans, such as GP chronic disease management, Aboriginal and Torres Strait Islander 715 health assessment, mental health and National Disability Insurance Scheme plans. |  | NC  OS |
| Develop guidance and tools to support health professionals to ask, assess, advise, assist and arrange support and services. |  | PR  NC |
| Investigate potential for peer support and impacts on health and wellbeing. |  | NC |
| Ensure that those with severe or refractory obesity have access to specialist obesity management services that provide the full range of treatment options. |  | NC |
| **Strategy 3.3 Addressing and treating unhealthy weight while preventing weight stigma.** | | |
| Develop a national framework to provide clear guidance to facilitate equitable access to the full range of proven interventions and specialist obesity treatment and management services, including bariatric surgery and very low calorie diets. |  | NC |
| Improve equitable access to TGA-approved obesity medications and treatment interventions. |  | NC |
| Support health professionals to develop comprehensive obesity management plans that take into consideration of mobility issues, comorbidities, age and financial circumstance. |  | NC |
| Build the evidence base for effective obesity interventions, including behavioural, surgical and pharmacotherapy interventions. |  | ER1  PR |
| **Strategy 3.4 Support health, social and other care providers to enable positive discussion about weight.** | | |
| Strengthen pre-service and existing training and professional development opportunities for health, social and other care professionals through:   * building understanding of the multiple causes of obesity and the systemic barriers that perpetuate inequity * skill development in shared decision making and discussing weight without judgement. |  | PR  SI  OS |
| Build cultural competency and skills of medical, health, social and other care providers, to empower people, be responsive to their diverse needs and strengths, and consider the systemic barriers that create inequity. |  | PR  SI  NC |
| Develop and/or update codes of practice for obesity prevention and management for relevant professional groups. |  | NC |
| **Strategy 3.5 Strengthen the confidence and competence of the health care workforce to prioritise the prevention of obesity.** | | |
| Support the health care workforce to better identify unhealthy weight gain early so they can provide appropriate early intervention, opportunistic engagement and support without judgement. This would need special focus on life transition points often associated with weight gain and for people from at-risk population groups. |  | ER1  PR  SI  OS  NC |
| Develop a medical toolkit to assist health professionals to address the key barriers to discussing, supporting and treating overweight and obesity. |  | NC |
| Build the health care workforce capacity to support healthy eating, physical activity and sleep for all patient/clients, regardless of weight status, through education, training, professional networks and quality improvement programs. |  | PR  SI  NC |
| Enable the health care workforce to effectively prevent weight-related complications and manage any co-morbidities. |  | PR  SI  NC |

|  |  |  |
| --- | --- | --- |
| **ENABLERS** | | |
|  | **EVIDENCE TYPE** | **EVIDENCE SOURCE** |
| **Enabler 1: Lead the way** | | |
| **Enabler 1.1:** Consider and act on opportunities to drive a collaborative approach for obesity prevention, aligning with national prevention accountability mechanisms emerging from policy reforms including health care reform and the National Preventive Health Strategy. |  | OS  NC |
| **Enabler 1.2:** Build and sustain a collective commitment to strong and relevant multi-sector obesity prevention and health equity efforts**.** |  | ER2  PR  OS |
| **Enabler 1.3:** Foster inclusive participatory processes at all levels (including organisational governance), so a diversity of people with varied circumstances, experience and insights inform and co-develop actions. |  | ER2  NC |
| **Enabler 1.4:** Create genuine partnerships where people and the community lead, co-develop and deliver responsive solutions that embed the right to self-determination and autonomy. |  | ER2  PR  OS  NC |
| **Enabler 1.5:** Protect policy decisions from vested interest and conflict of interest, whilst strengthening implementation partnerships with industry and business partners. Where possible, jurisdictions will establish high level agreement and/or processes to harmonise state and territory regulatory approaches. |  | PR |
| **Enabler 2: Use evidence and data more effectively** | | |
| **Enabler 2.1:** Invest in and build national coordination capacity for sustained data collection, shared data systems, and regular population monitoring and surveillance, including for priority population groups and critical life stages. This should include measures for:   * height and weight * food and drink consumption and nutrient intake * food security * health literacy * physical activity, sedentary behaviour and travel patterns * healthy places, including built and natural environments (such as local communities, schools, early childhood education centres, workplaces) * food system changes * macroeconomic and sociocultural values relating to obesity, physical activity, and healthy eating * wider political, commercial, cultural and environmental determinants of obesity. |  | PR  NC |
| **Enabler 2.2:** Better measure and record regular child growth monitoring (including Aboriginal and Torres Strait Islander children) and adult weight status over time. This includes investigating options to better access existing jurisdictional data on weight status (state/territory, national) and opportunities to use these data for clinical practice improvement activities across settings. |  | ER1  PR  SI  NC |
| **Enabler 2.3:** Better use descriptive and predictive data analytics to unlock the potential of existing data and information and strengthen capabilities to gain critical insights that inform decision making, system integration and continuous improvement. |  | NC |
| **Enabler 2.4:** Establish a systematic approach to the prioritisation of obesity prevention research and evaluation to address key knowledge gaps, including economic analyses. |  | PR  NC |
| **Enabler 2.5:** Access funding to evaluate promising and more innovative actionsto grow the evidence base and to support the translation of evidence into action**.** |  | PR |
| **Enabler 2.6:** Share outcomes and lessons of effective and emerging actions to inform decision making and action, share knowledge, and build connections between consumers, communities, stakeholders, and the health, social sciences, and environmental sectors. |  | PR |
| **Enabler 3: Invest for delivery** | | |
| **Enabler 3.1:** Explore new funding mechanisms to invest more in delivering sustainable actions for primordial and primary prevention of obesity, at an appropriate scale through the National Preventive Health Strategy processes which aim to achieve 5% of total health expenditure for preventive health. |  | PR  SI  OS  NC |
| **Enabler 3.2:** Explore opportunities for funding to support primary and public health systems to identify and manage overweight and obesity, including MBS rebates and alternative funding models through the National Health Care Reform Agreement. |  | ER1  ER2  PR  NC |
| **Enabler 3.3:** Investigate ways of shifting economic policies, subsidies, investment and taxation systems to benefit healthy eating and active living, positive health outcomes, communities and the environment more strongly. |  | PR |
| **Enabler 3.4:** Empower and strengthen a skilled workforce, including those working with priority populations, to lead, collaborate and integrate obesity prevention and health equity efforts to support healthy weight and generate benefits across sectors. |  | PR  NC |
| **Enabler 3.5:** Strengthen professional development and vocational and tertiary training in all relevant sectors to build understanding of prevention, cultural safety and competency and mental wellbeing (including reducing weight stigma, blame, racism and discrimination). |  | PR  NC |
| **Enabler 3.6:** Strengthen the Aboriginal and Torres Strait Islander workforce to focus effort towards achieving health equity and contributing to a culturally-safe service and support system. This will empower communities to take the lead and partner in the delivery of solutions to increase healthy food and drink options, including access and availability, and to increase physical activity opportunities. |  | PR  NC |

## Further detail of the three evidence source types and coding

1. **Systematic Review Evidence**

Two evidence reviews were commissioned by Queensland Health, and brokered by Sax Institute. The reviews identified best buys and promising actions from the latest systematic review evidence.

Evidence Review 1 [Population-level strategies to support healthy weight](https://www.saxinstitute.org.au/publications/evidence-check-library/population-level-strategies-support-healthy-weight/)

Evidence Review 2 [Addressing social and commercial determinants of healthy weight](https://www.saxinstitute.org.au/publications/evidence-check-library/addressing-social-commercial-determinants-healthy-weight/)

Evidence Review 1 (ER1) was led by Associate Professor Gary Sacks and colleagues from the Deakin University and Evidence Review 2 (ER2) lead by Professor Sharon Friel from the Australian National University. The ER1 analysis was underpinned by the recommendations from the 2016 World Health Organization (WHO) Commission on Ending Childhood Obesity (ECHO) report. The recommendations of this WHO report built a detailed evidence synthesis and conducted extensive consultation with experts over two years (2014-2016), over 100 WHO member states and the broader community.

1. **Practice Review**

The practice review (PR) was a thematic review and qualitative analysis of healthy weight and social determinant of health approaches, recommendations, policies and strategies from authoritative reports, grey and other literature. The practice review was conducted by Queensland Health to identify best practice actions for consideration in the NOPS.

The review considered a broad range of literature (more than 100 documents), including endorsed reports, strategic plans and consensus documents by government authorities (at jurisdictional level – nationally and state/territory, international countries); respected national and international health agencies/coalitions (e.g., World Health Organisation, Australian Obesity Policy Coalition); some other sector strategic plans such as transport, agriculture and environment.

Documents considered in the practice review analysis are listed in **Appendix A**.

1. **Consultation Outcomes**

The views of approximately 2,750 individuals and organisations informed the development of the Strategy through a range of consultations starting mid-2018 and continuing through to November 2021 (**Appendix B**). Findings from the initial consultation are available online. The development of the Strategy was postponed in 2021 due to the COVID-19 pandemic.

**APPENDIX A**

**Practice Review – List of documents considered, by category**

**Australian Jurisdiction Strategies and Documents**

|  |  |
| --- | --- |
| National Agreement on Closing the Gap | COAG, Coalition of Aboriginal and Torres Strait Islander Peak Organisations, Australian Local Government Association |
| National Health Care Agreement 2012 | COAG |
| Australian National Breastfeeding Strategy: 2019 and Beyond | COAG Health Council |
| [Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health](http://www.coaghealthcouncil.gov.au/Portals/0/Healthy%20Safe%20and%20Thriving%20-%20National%20Strategic%20Framework%20for%20Child%20and%20Youth%20Health.pdf) 2015 | COAG Health Council |
| The Fifth National Mental Health and Suicide Prevention Plan 2017 | COAG Health Council |
| Australia and New Zealand Food Regulation Priorities 2017-2021 | Australian and New Zealand Ministerial Forum on Food Regulation |
| National Strategic Framework for Chronic Conditions 2017 | Australian Government (Department of Health) |
| National Alcohol Strategy 2019-2028 | Australian Government (Department of Health) |
| [Australian National Diabetes Strategy 2016-2020](http://www.health.gov.au/internet/main/publishing.nsf/Content/nds-2016-2020) | Australian Government (Department of Health) |
| National Aboriginal and Torres Strait Islander Health Plan 2013-2023 | Australian Government (Department of Health) |
| National Food Waste Strategy | Australian Government (Department of Agriculture, Water and the Environment) |
| Australia’s Strategy for Nature 2019-2030 | Interjurisdictional Biodiversity Working Group for the Meeting of Environment Ministers |
| Sport 2030 – National Sports Plan | Australian Sports Commission |
| Australian Sports Commission Corporate Plan 2019-2023 | Australian Sports Commission |
| Australia: the Healthiest Country by 2020. National Preventative Health Strategy – the roadmap for action | National Preventive Health Taskforce |
| Treasuries Working Group on National Health Reform | Reform Directions (in draft – not publicly available, sourced Intergovernmental Relations Unit) |
| National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023 | Aboriginal and Torres Strait Islander Health Workforce Working Group (for the Australian Health Ministers’ Advisory Council) |
| Aboriginal Cultural Respect in Tasmania’s Health Services – consultation report 2018 | Tas Department of Health |
| Healthy Tasmania – 5 year Strategic Plan (2016) | Tas Department of Health |
| NSW Healthy Eating and Active Living Strategy: Preventing Overweight and Obesity in NSW 2013-2018 | NSW Health |
| NT Health, Nutrition and Physical Activity 2015-2020 | NT Department of Health |
| NT Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028 | NT Department of Health |
| NT Chronic Conditions Prevention and Management Strategy 2018-2028 | NT Department of Health |
| Queensland Prevention Strategic Framework 2017-2026 | QLD Department of Health |
| Queensland Cycling Strategy 2017 - 2027 | QLD Department of Transport and Main Roads |
| Queensland Walking Strategy 2019-2029 | QLD Department of Transport and Main Roads |
| Activate! Queensland 2019-2029 | QLD Department of Housing and Public Works |
| Growing for Queensland 2018 | QLD Department of Agriculture and Fisheries |
| SA Public Health Plan 2019-2024 | SA Health |
| Eat Well Be Active Strategy 2011-2016 | SA Health |
| Game On: Getting South Australia moving | SA Office for Recreation, Sport and Racing |
| Victorian Public Health and Wellbeing Plan 2015-2019 | Vic Department of Health and Human Services |
| VicHealth Action Agenda for Health Promotion 2019-2023 | Vic Department of Health and Human Services |
| Foundations for healthy futures – a proposed response to rising obesity in Victoria. 2019 | Vic Department of Health and Human Services |
| WA Health Promotion Strategic Framework 2017-2021 | WA Department of Health |
| WA Healthy Weight Action Plan 2019-2024 | WA Department of Health |
| Towards Zero Growth – Healthy Weight Action Plan 2015 | ACT Health |

**Consensus Documents – Australian, International**

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| Tipping the Scales: Australian Obesity Prevention Consensus | Obesity Policy Coalition |
| Obesity Evidence Hub | Cancer Council Victoria, the Bupa Health Foundation and the Obesity Policy Coalition |
| Weighing In: Australia’s growing obesity epidemic 2019 | The Obesity Collective Australia |
| The Food System and Environmental Impacts: Policy Position Statement | Public Health Association of Australia |
| Prevention and Management of Overweight and Obesity in Australia. Policy Position Statement | Public Health Association of Australia |
| Communique 19-06-11 unhealthy marketing to children forum. PHAA 2019 Prevention Conference | Public Health Association of Australia |
| Toronto Charter for Physical Activity: a global call for action 2010 | Global Advocacy Council for Physical Activity |

**Global Commitments and International Strategies**

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| 2030 Agenda for Sustainable Development | United Nations |
| Convention on the Rights of the Child (UN) | United Nations |
| Decade of Action on Nutrition 2016-2025 | United Nations |
| Framework Convention on Climate Change | United Nations |
| International Covenant on Economic, Social and Cultural Rights | United Nations |
| The Heavy Burden of Obesity - the Economics of Prevention 2019 | Organisation for Economic Co-operation and Development |
| Final Report of the Commission on Ending Childhood Obesity 2016 | World Health Organisation |
| Ending Childhood Obesity – Implementation Plan 2017 | World Health Organisation |
| Population-based approaches to Childhood Obesity Prevention 2012 | World Health Organisation |
| Global Action Plan on Physical Activity 2018-2030 | World Health Organisation |
| Global strategy on health, environment and climate change 2020 | World Health Organisation |
| Global Action Plan for the Prevention and Control of NCDs 2013-2020 | World Health Organisation |
| Global Strategy on Diet, Physical Activity and Health 2004 | World Health Organisation |
| WHO Best Buys for NCD Prevention2017 | World Health Organisation |
| Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age 2019 | World Health Organisation |
| The best start in life 2016 WHO background paper for nutrition and weight management for NCD prevention pregnancy for your policy scan – Good maternal nutrition. | World Health Organisation |
| Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition 2014 | World Health Organisation |
| Set of Recommendations on the marketing of food and non-alcoholic beverages to children 2010 | World Health Organisation |
| Fiscal policies for diet and prevention of noncommunicable diseases: technical meeting report, 5-6 May 2015, Geneva, Switzerland | World Health Organisation |
| Obesity and inequities. Guidance for addressing inequities in overweight and obesity. 2014 | WHO Europe |
| WHO Europe Action Plan for Food and Nutrition Policy 2007-2012 | WHO Europe |
| A Healthy city is an active city: a physical activity planning guide | WHO Europe |
| Evaluating implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children. Progress, challenges and guidance for next steps in the WHO European Region 2018 | WHO Europe |
| WJP Regional Framework for unhealthy food and drink marketing for children 2019 | WHO Region |
| INFORMAS Research | International Network for Food and Obesity/NCDs |
| INFORMAS Food Epi Tool | International Network for Food and Obesity/NCDs |
| NOURISHING Framework | World Cancer Research Fund |
| Driving Action to Prevent Cancer and Other Non-Communicable Diseases | World Cancer Research Fund |
| Foresight Report. Tackling Obesities: Future Choices. Project Report 2nd edition | UK Government Office for Science |

**Other Countries/Regions**

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| New Zealand Childhood Obesity Plan 2015 |
| England Childhood Obesity: Plan for Action 2016 |
| England Childhood Obesity: Plan for Action – Interim review of progress 2018 |
| England Childhood obesity: a plan for action, Chapter 2, 2018 |
| Healthy Weight Healthy Wales consultation document Jan to April 2019 |
| A Healthier Future – Scotland Diet and Healthy Weight Delivery Plan 2018 |
| A healthy weight for Ireland -Obesity Policy and Action Plan 2016-2025 |
| Northern Ireland - Fitter future for all Obesity Framework 2012-2022 |
| Obesity Plan of Action – Child – Americas 2015 |
| EU Action Plan on Childhood Obesity 2014-2020 |
| EU Food and Nutrition Action Plan 2015-2020 |
| Denmark Obesity Prevention Programme 2012-2018 |
| Denmark National Action Plan Against Obesity - Recommendations and Perspectives 2003 |
| Obesity in Canada – whole of society approach report (2016 – 21 recommendations) |
| USA Accelerating progress in obesity prevention: solving the weight of the nation. 2012 (Institute of Medicine) |
| USA Health communities – what local governments can do to reduce obesity |
| USA - Healthy Communities: What local governments can do to reduce and prevent obesity. Centres for Disease Control |
| Using evidence-informed policies to tackle overweight and obesity in Chile (in Pan Am JPH 2017) |
| Pan American Health Organisation Plan of Action for the Prevention of Obesity in Children and Adolescents (2014-2019) |
| Mexico. National Agreement for Healthy Nutrition: Ten strategic objectives that address the obesity problem integrally (Barquera et al, 2013) |
| Czech Republic Food Safety and Nutrition Strategy 2010-13 |

**Other Sources**

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| Food in the Anthropocene: The EAT-Lancet Commission on healthy diets from sustainable food systems. Five Strategies for a Great Food Transformation | EAT-Lancet Commission |
| Climate Change and Land: An IPCC Special Report on climate change, desertification, land degradation, sustainable land management, food security, and greenhouse gas fluxes in terrestrial ecosystems. Summary for Policy Makers 2019 | Intergovernmental Panel on Climate Change |
| Connecting food systems for co-benefits: How can food systems combine diet-related health with environmental and economic policy goals? Policy Brief 31. 2018 | World Health Organization (European Observatory on Health Systems and Policies). Authors Parsons K and Hawkes C |
| Report on food pricing and food security in remote Indigenous communities 2020 | House of Representatives  Standing Committee on Indigenous Affairs |
| Scoping study – National Nutrition Policy for Australia 2013 | Queensland University of Technology (for the Australian Government Department of Health) |
| TWI2050 - The World in 2050. Transformations to Achieve the Sustainable Development Goals | World in 2050 initiative - International Institute for Applied Systems Analysis |
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| Health inequalities: What are they? How do we reduce them? | NHS Health Scotland |
| Transformation is feasible: How to achieve the Sustainable  Development Goals within Planetary Boundaries 2018 | Stockholm Resilience Centre |
| Blueprint for an Active Australia (third edition) 2019 | National Heart Foundation of Australia |
| A system of prevention: Applying a systems approach to public health 2019 | Health Promotion Practice 20(40):476-482 Sims J and Aboelata MJ) |
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| Systematic Review -proximal, intermediate and distal outcomes – efficacy of population wide diabetes and obesity prevention programs (meta-analysis of impact on BMI) 2008 | Obesity Reviews Journal (Sacks G, Swinburne B and Lawrence M) |
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| National policies to prevent obesity in early childhood: Using policy mapping to compare policy lessons for Australia with six developed countries 2019 | Obesity Reviews Journal (Esdaile E, Thow AM, Gill T, Sacks G, Golley R et al)) |
| INFORMAS: Policies for tackling obesity and creating healthier food environments – 2019 progress update Australian governments (July 2016-December 2018) | Deakin University (Sacks G, Robinson E) |

**APPENDIX B**

**Summary of all inputs informing the development of the Strategy**

The figure below outlines the extensive input gathered from evidence, experts and the community to inform the Strategy.

**Diagram

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