














# National Obesity Strategy 2022 – 2032 Annex



































## Summary of evidence type and source for example actions
































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.




























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


























STRATEGY AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
<b>AMBITION 1: CREATING SUPPORTIVE AND HEALTHY ENVIRONMENTS</b>		
<b>Strategy 1.1 Build a healthier food system that favours the production, processing and distribution of healthy food and drinks.</b>		
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
<b>Strategy 1.2 Make sustainable healthy food and drinks more locally accessible.</b>		
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



























STRATEGY AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
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
<b>Strategy 1.3 Explore and implement use of economic tools to shift consumer purchases towards healthier food and drink options.</b>		
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
<b>Strategy 1.4 Make processed food and drinks healthier.</b>		
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,	 	ER1 ER2



























STRATEGY AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
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.	 	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
<b>Strategy 1.5 Improve nutrition information to help consumers make healthier choices at the time of purchase.</b>		
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
<b>Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.</b>		
<b>Children</b>		
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,	 	ER1 ER2

STRATEGY AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
especially children (like vending machines, supermarket checkouts and aisles, entertainment and sporting venues).	 	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
<b>Whole Population</b>		
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
<b>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.</b>		
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






















STRATEGY AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
		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
<b>Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.</b>		
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	 	PR OS





















STRATEGY AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
transitions points (e.g., leaving school, starting a family, retirement).		NC
<b>Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.</b>		
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
<b>Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to be healthier.</b>		
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






















STRATEGY AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
Provide after-hours use of school facilities to expand available, accessible, and affordable physical activity options and destinations for families and communities.	 	ER1 PR
<b>Strategy 1.11 Enable workplaces to better support the health and wellbeing of their employees.</b>		
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
<b>Strategy 1.12 Enable government agencies and other organisations to support health and wellbeing of citizens and customers.</b>		
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
<b>AMBITION 2: EMPOWERING PEOPLE TO STAY HEALTHY</b>		
<b>Strategy 2.1 Improve people's knowledge, skills and confidence to lead active lives and to buy, prepare and enjoy healthy food and drinks.</b>		
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 AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
<b>Strategy 2.2 Use social marketing to foster healthy social and cultural norms, reduce weight stigma and help people make healthy choices.</b>		
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
<b>Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.</b>		
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 AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
<b>Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.</b>		
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 LGBTIQ+, 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
<b>Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.</b>		
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
<b>Strategy 2.6 Enable and empower priority populations to have the same opportunities as others.</b>		
Explore mechanisms to ensure that the incomes of those experiencing economic disadvantage meet the real cost of healthy living.	 	ER2 NC

STRATEGY AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
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
<b>AMBITION 3: ACCESS TO EARLY INTERVENTION AND SUPPORTIVE CARE</b>		
<b>Strategy 3.1 Enable access to primary health care, community-based practitioners and health services.</b>		
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
<b>Strategy 3.2 Improve uptake of integrated models of care and referral pathways that focus on the individual.</b>		
Update the 2013 National Health and Medical Research Council's <i>Clinical practice guidelines for managing overweight and obesity in adults, adolescents and children.</i>	 	PR NC

STRATEGY AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
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
<b>Strategy 3.3 Addressing and treating unhealthy weight while preventing weight stigma.</b>		
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
<b>Strategy 3.4 Support health, social and other care providers to enable positive discussion about weight.</b>		
<p>Strengthen pre-service and existing training and professional development opportunities for health, social and other care professionals through:</p> <ul style="list-style-type: none"> <li>○ building understanding of the multiple causes of obesity and the systemic barriers that perpetuate inequity</li> <li>○ skill development in shared decision making and discussing weight without judgement.</li> </ul>	  	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

STRATEGY AND EXAMPLE ACTIONS	EVIDENCE TYPE	EVIDENCE SOURCE
Develop and/or update codes of practice for obesity prevention and management for relevant professional groups.		NC
<b>Strategy 3.5 Strengthen the confidence and competence of the health care workforce to prioritise the prevention of obesity.</b>		
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
<b>Enabler 1: Lead the way</b>		
<b>Enabler 1.1:</b> 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
<b>Enabler 1.2:</b> Build and sustain a collective commitment to strong and relevant multi-sector obesity prevention and health equity efforts.		ER2 PR OS
<b>Enabler 1.3:</b> 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
<b>Enabler 1.4:</b> 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
<b>Enabler 1.5:</b> 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
<b>Enabler 2: Use evidence and data more effectively</b>		
<b>Enabler 2.1:</b> 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: <ul style="list-style-type: none"> <li>• height and weight</li> <li>• food and drink consumption and nutrient intake</li> <li>• food security</li> <li>• health literacy</li> <li>• physical activity, sedentary behaviour and travel patterns</li> <li>• healthy places, including built and natural environments (such as local communities, schools, early childhood education centres, workplaces)</li> <li>• food system changes</li> <li>• macroeconomic and sociocultural values relating to obesity, physical activity, and healthy eating</li> <li>• wider political, commercial, cultural and environmental determinants of obesity.</li> </ul>		PR NC
<b>Enabler 2.2:</b> 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

<b>Enabler 2.3:</b> 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
<b>Enabler 2.4:</b> Establish a systematic approach to the prioritisation of obesity prevention research and evaluation to address key knowledge gaps, including economic analyses.		PR
		NC
<b>Enabler 2.5:</b> Access funding to evaluate promising and more innovative actions to grow the evidence base and to support the translation of evidence into action.		PR
<b>Enabler 2.6:</b> 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
<b>Enabler 3: Invest for delivery</b>		
<b>Enabler 3.1:</b> 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
<b>Enabler 3.2:</b> 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
<b>Enabler 3.3:</b> 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
<b>Enabler 3.4:</b> 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
<b>Enabler 3.5:</b> 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
<b>Enabler 3.6:</b> 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

Evidence Review 2 Addressing social and commercial determinants of healthy weight

Evidence Review 1 (ER1) was led by Associate Professor Gary Sacks and colleagues from the Deakin University and Evidence Review 2 (ER2) led 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.

### 2. 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**.

### 3. 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 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	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

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

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 Prevention 2017	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 2 <sup>nd</sup> edition	UK Government Office for Science

## Other Countries/Regions

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

Assessing Cost-effectiveness of Obesity Prevention Policies in Australia (ACE Report) 2018	Deakin University
Inside our supermarkets: Assessment of the healthiness of Australian supermarkets, Australia 2020	Deakin University
The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission report	The Lancet
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	Intergovernmental Panel on Climate Change

greenhouse gas fluxes in terrestrial ecosystems. Summary for Policy Makers 2019	
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
42 policies and actions to orient food systems towards healthier diets for all. London: Centre for Food Policy, City, University of London 2020	Hawkes, C., Walton, S., Haddad, L., Fanzon, J.
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)
System of Prevention	Prevention Institute
Health System Leadership: a key component of a system of prevention	Prevention Institute
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)
Snodgrass, Guest, Kable, James, Ashby, Plotnikoff, Collins. 2016 Weight management advice for clients with overweight and obesity: allied health professional survey.	HEALTHCARE (Basel). Journal
Investments that work for physical activity 2011	Global Advocacy Council for Physical Activity
Getting Australia Active 3 - a systems approach to physical activity for policy makers 2020	The Australian Prevention Partnership Centre
Australian System Approaches to Physical Activity (ASAPa) project 2019	The Australian Prevention Partnership Centre
Obesity prevention in children and young people: what policy actions are needed? 2019	Public Health Research and Practice Journal 29(1):e2911902 (Bellew W, Bauman et al)
Active Healthy Kids Australia – AHKA report cards 2018	Active Healthy Kids Australia

Hickey K, Mandelbaum J, Bloom K, Martin J Overbranded, Underprotected: How industry self-regulation is failing to protect children from unhealthy food marketing. Obesity Policy Coalition, Melbourne, 2018.	Obesity Policy Coalition
Review of the multiple evidence summaries on the obesity evidence hub website <a href="http://www.obesityevidencehub.org.au">www.obesityevidencehub.org.au</a>	Obesity Evidence Hub
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.

