NATIONAL OBESITY PREVENTION STRATEGY 2022- 2032

Response to the Consultation

November 2021

RESEARCH AUSTRALIA

CONNECTING ▪ ENGAGING ▪ INFLUENCING

ABOUT RESEARCH AUSTRALIA

We are the national peak body representing the whole of the health and medical research pipeline.

Our vision: Research Australia envisions a world where Australia unlocks the full potential of its world-leading health and medical research sector to deliver the best possible healthcare and global leadership in health innovation.

Our mission: To use our unique convening power to position health and medical research as a significant driver of a healthy population and contributor to a healthy economy.

Our goals:

Engage
Australia in a conversation about the health benefits and economic value of its investment in health and medical research.

Connect
researchers, funders and consumers to increase investment in health and medical research from all sources.

Influence
government policies that support effective health and medical research and its routine translation into evidence-based practices and better health outcomes.

Nominated contact person for this submission: Greg Mullins, Head of Policy, Research Australia
greg.mullins@researchaustralia.org

Nadia Levin
CEO & Managing Director
Nadia.levin@researchaustralia.org
www.researchaustralia.org
384 Victoria Street Darlinghurst NSW 2010

TABLE OF CONTENTS

NATIONAL OBESITY PREVENTION STRATEGY 2022- 2032

RESPONSE TO THE CONSULTATION

Introduction

The consultation on the National Obesity Prevention Strategy 2022-2032 was conducted via an electronic survey. Responses to each question were subject to restrictions on the number of words allowed. Research Australia's response to the electronic survey is reproduced below. The response to the first seven questions provided identifying information and have not been reproduced below.

8. Do you agree with the overall approach of the Strategy?

Response: Agree

While the overall approach is good, and the actions are good and evidence based, the path to implementation is unclear.

With already very high levels of obesity in Australia, we need a strategy that addresses prevention and treatment/reduction. This Obesity Prevention Strategy is clearly and comprehensively addressing prevention; it is also addressing reduction in obesity, although less clearly and comprehensively.

Obesity is a little different to some diseases where you either have it or you don't- obesity is more graduated. Nonetheless, or perhaps because of this, the Obesity Prevention Strategy needs to address both prevention and treatment. Perhaps even more than for most conditions, prevention is a continuum of activities for obesity from population and environment level to targeted individual therapies and interventions. This includes measures to reduce weight and sustain weight loss.

The ambiguity in the Obesity Prevention Strategy can be addressed by clearly defining prevention. The draft National Prevention Strategy describes four levels of prevention: Primary (preventing a disease before it arises); Secondary (early detection) Tertiary (reducing harms in people with a disease and minimising their functional impairment) and Quaternary (reducing harms caused by medical interventions for a disease or disorder).

The application of such a definition to 'prevention' as used in the Obesity Prevention Strategy would include measures to reduce individuals' obesity. It would also help clarify the scope of the Obesity Prevention Strategy's activities. Clearer linkage to the National Prevention strategy is also important.

9. The current title is National Obesity Prevention Strategy. Does the title reflect the content of the Strategy?

Response: Disagree

The Obesity Prevention Strategy should address reduction and treatment as well as prevention (as per the response above). Perhaps the title should simply be the 'National Obesity Strategy'?

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

Response: Agree

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

The Vision: For an Australia that encourages and enables healthy weight and healthy living for all.

Response: Agree

12. The Strategy includes a Target outlined on page 12 of the draft. Do you agree with the Target?

Target: **Halt the rise in obesity by 2030**: as a signatory to the World Health Organization Global Target.

Response: Agree

This is probably appropriate as the overall target, although consideration should be given now or in the next strategy from 2030 to setting a target to reduce obesity.

We also need other targets for specific population groups and or interim targets. For example, the Obesity Prevention Strategy reports that for Australians aged 45–54 years, 83% of men and 74% of women are overweight or obese. With so many people in this age group obese, there should be a target to actually **reduce** obesity in this age group.

Research Australia proposes a series of subsidiary targets be developed for different age groups and populations to better guide the actions and provide allow detailed KPIs to be developed.

Including a new objective to reduce the burden of disease associated with obesity (see below) would support the introduction of a number of other targets, e.g. reduction in incidence of type 2 diabetes by 10% by 2030.

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

Response: Agree
The objectives are not clearly linked to the Vision or Target which precede them, or to the ambitions which follow. Some of the objectives are self explanatory- *More people eating healthy food and drinks* and *More people being physically active.*

More supportive and healthy environments needs some further elaboration, as does *More accessible and quality support for people*. The objective of *More resilient systems, people and communities needs the most explanation*. Resilient to what, and in what way? What is the link to obesity prevention? The only other use of the word 'resilient is in relation to a more resilient food system. Is this the use to which this objective is linked?

14. Are there any Objectives missing?

The impact of obesity is outlined on page 2 of the report, including the link to preventable chronic disease. It is identified as the reason for taking action, and yet reducing the impact of obesity is not an explicit objective.

An objective of the Obesity Prevention Strategy should be a reduction in the burden of disease (morbidity and mortality) associated with obesity. For example, type 2 diabetes, cardiovascular disease, weight related osteoarthritis, sleep apnoea and other breathing problems, and some cancers are all associated with obesity. A reduction in the prevalence of these conditions would demonstrate the Strategy was targeting the people who most benefit from losing weight and/or avoiding weight gain. It would have a measurable effect on wellbeing (QALY/DALY) and also on the cost to the health system.

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

Response: Agree.

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

The Enablers:

- Lead the way
- Better use of evidence and data
- Invest for delivery

Response: Agree

17. Are there any Enablers missing?

Response: 'Better use of evidence and data' is critical. This requires much better engagement with research and researchers. Researchers can provide input on the data that needs to be captured and how it can be analysed. Researchers are also required for the creation of evidence and need to be closely engaged with the context within which evidence will be utilised to ensure the research is fit for purpose.

'Invest for Delivery' requires effective implementation of evidence-based programs and interventions. This requires an investment in implementation science to ensure programs and interventions have the best chance of succeeding and ensuring that all programs that are implemented are evaluated for their ongoing effectiveness.

The Obesity Prevention Strategy needs to explicitly identify researchers as partners in delivery of the strategy and as key contributors to the enablers. The draft National Prevention Strategy provides a model for how research and its role could be better recognised and incorporated in the Obesity Prevention Strategy.

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

Response: Agree

Research can play a critical role in the design of programs and measures to deliver each of these strategies, the implementation of initiatives, and their evaluation.

In relation to Strategy 1.3, Research Australia undertakes annual opinion polling of the public. In 2013, 2015 and 2018 we have tested support for tax on food and drink with higher sugar and/or fat content. There is consistently strong support for these measures. Support is greater if the funds raised from the tax are used to fund measures to mitigate the impact of these products. (The reports of Research Australia's annual Opinion Polls are available at https://researchaustralia.org/reports/public-opinion-polling-2/)

19. Are there any Strategies missing in Ambition 1?

No response provided.

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

Response: Agree.
Research can play a critical role in the design of programs and measures to deliver each of these strategies, the implementation of initiatives, and their evaluation.

21. Are there any Strategies missing in Ambition 2?

No response provided.

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

Response: Agree

23. Are there any Strategies missing in Ambition 3?

The current strategies under Ambition 3 do not appear to acknowledge that for a minority of obese people, surgical and other medical interventions are appropriate. At a minimum the strategy 3.2 could emphasise the need to build better communication and referral pathways between primary care and other parts of the health system (secondary, tertiary) that are able to offer these interventions. It also needs to provide an implementation pathway and measures of success in terms of improved communication and referral.

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

Response: Research Australia has not ranked the strategies. At present there is too little information about each, and we don't know the purpose for which they are being ranked.

25. Part 4 Making it happen is outlined on pages 45-46 of the draft. Do you have any comments on Part 4 Making it happen?

Research Australia welcomes the statement that 'To ensure accountability and a coordinated national effort, a cross-jurisdictional governance mechanism will oversee the implementation of the Strategy. The governance mechanism is yet to be established but will consider alignment with the new National Federation Reform Council structure and the development of the National Preventive Health Strategy.'

The governance mechanism will be critical to the success of the Obesity Prevention Strategy and we look forward to further information about how the mechanism will be implemented and its composition. This mechanism should play a key role in implementation of the proposed Obesity Research Strategy (See Research Australia's proposal in response to Question 26.)

Research Australia also welcomes the proposal for Monitoring Progress and the role assigned to the Australian Institute for Health and Welfare. As noted elsewhere in this submission, Research Australia believes there are a number of KPIs and measurable targets that need to be developed as part of the Obesity Prevention Strategy, and welcome the recognition by the Strategy that 'Where required, further indicators will be developed using existing local and national data sources.' The emphasis on using existing data as a means of limiting the burden of reporting is welcomed, as long as it is fit for purpose.

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

Research Australia believes the critical role of research in enabling the Obesity Prevention Strategy to achieve its target is not appropriately recognised in the document, and we have made several suggestions about areas where this can be rectified. Research Australia further proposes that an Obesity Research Strategy be developed in parallel with the Obesity Prevention Strategy to support the development, implementation and evaluation of the Strategy. An Obesity Research Strategy would identify research priorities for each of the Ambitions based on where further evidence is required to support the strategies under each of the Ambitions. (Not all the strategies will have an equal need for further research or evidence.) This could include research to test and develop interventions, undertake evaluation of treatment and interventions, comparative effectiveness studies and clinical trials. The research strategy should be developed with the relevant stakeholders (consumers, care providers, policy makers).

A precedent is provided by the Fifth National Mental and Suicide Prevention Plan, adopted by the COAG Health Council, and which included an action (Action 28) for the 'National Mental Health Commission to work in collaboration with the National Health and Medical Research Council, consumers and carers, states and territories, research funding bodies and prominent researchers to develop a research strategy to drive better
treatment outcomes across the mental health sector.' This strategy is currently under development.

END OF SUBMISSION

RESEARCH AUSTRALIA LIMITED
384 Victoria Street, Darlinghurst NSW 2010
P +61 2 9295 8546 **ABN** 28 095 324 379
www.researchaustralia.org