

NOS - long form survey

Consent to participate in this survey

1. By participating in this survey, you indicate that:

You have read the preceding information;

Your participation in this survey is voluntary;

You consent to your responses being included in public reports; and

You are at least 14 years of age.

Do you wish to continue with this survey?

Yes

Organisation or individual?

2. Are you completing this survey on behalf of an organisation or as an interested individual?

On behalf of an organisation

Main role

3. What is your organisation's main role or interest in a national obesity strategy? You may select all that apply.

We are a health or medical organisation

Name of your organisation

4. Many people and organisations have a diverse range of views on what should be included in a national obesity strategy. To ensure transparency throughout the consultation process, it is important to consider these views in the context of any relevant interests.

As you are answering this survey on behalf of an organisation, please provide the name of your organisation in the space below.

This information is required.

HAES Australia Inc

Organisation contact details

5. *Please provide a contact name and email address for your organisation so that we may contact you about this consultation process if required.*

Your contact details will only be used for the purpose of this consultation and will not be shared with any third parties. Once again, this information is required.

Contact name:

Dr. Carolynne White

6. Contact email:

HAESAustralia@gmail.com

Section 1. Proposed timeframe and scope for a national obesity strategy

7. Timeframe of a national obesity strategy

It is proposed that a national obesity strategy will guide action over the next 10 years – from 2020 to 2030.

Do you think this timeframe is too short, about right, or too long?

About right

Section 1. Proposed timeframe and scope for a national obesity strategy

8. To what extent do you agree or disagree with each of the following components in the proposed scope for a national obesity strategy?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	I'm not sure
The strategy should encourage government leadership for collaborative, whole-of-society action.				X		
The strategy should identify actions for Commonwealth and State and Territory governments.				X		
The strategy should identify actions that will involve non-government organisations and other community stakeholders.				X		
The strategy should identify actions that will involve the private sector.				X		
The strategy should focus on primary and secondary preventive actions that promote and support healthy eating, regular physical activity and a healthy weight for all.				X		
The strategy should <u>not</u> focus on tertiary prevention actions to treat overweight and obesity.					X	
The strategy should <u>not</u> focus on actions to manage and address underweight.		X				

Section 1. Proposed timeframe and scope for a national obesity strategy

9. Thinking specifically about the proposed scope for a national obesity strategy, is there anything you would change, add or remove?

Please provide your suggestions about the proposed scope in the space below.

Please note there are many opportunities to comment on specific strategies and ideas proposed to be included in the strategy throughout the survey.

We agree with the strategy's focus on primary and secondary prevention. However, in Australia, obesity is considered a biomedical risk factor and not a disease in itself, we recommend the strategy be changed to focus on chronic conditions (inclusive of physical and mental health conditions). This recommendation is in line with the Senate Select in the Obesity Epidemic in Australia's finding that "supports a move away from using the term obesity in prevention and intervention programs and public information campaigns, and move the focus from weight to health." (p. xv). We recommend that the strategy be reframed to ensure that it is weight-inclusive, recognising that human bodies come in a range of shapes and sizes and supporting optimal health and well-being for people across the weight spectrum (Tylka et al., 2014).

Health encompasses physical, mental and social well-being. Due to the high disease burden and economic cost of mental illness, the strategy must consider the whole person and should not increase risk of mental illnesses, such as anxiety, depression and eating disorders. Indeed, weight gain may be a symptom of mental illness (e.g. depression or binge eating disorder) and is a common side effect of many psychiatric medications.

While there is a correlation between a higher weight and chronic conditions, there is no such thing as an objective 'healthy weight'. In fact, one in three people are misclassified when using the BMI to measure metabolic health at a population level (Tomiyaama et al., 2016). As weight is an unreliable measure of health and there is no chronic condition that exclusively affects people of a higher weight, we recommend the focus on weight and references to 'healthy weight' be removed.

The strategy aims to support all Australians to have a healthy lifestyle, regardless of weight, therefore focusing the strategy on weight will be counterproductive as research shows a weight focus does not promote health behaviour and is more likely to cause serious harm to people's mental and physical health (Tylka et al., 2014). Also, action to address environmental and social influences and support engagement in health behaviours, such as eating for wellbeing and regular physical activity are beneficial in themselves, and may not result in weight change as weight is influenced by complex range of genetic, physiological and environmental determinants. Focusing on weight change as an outcome of health behaviours can blame the individual and create shame about their weight if they do not achieve their desired weight goal.

Tomiyaama, A. J., Hunger, J. M., Nguyen-Cuu, J., & Wells, C. (2016). Misclassification of cardiometabolic health when using body mass index categories in NHANES 2005–2012. *International Journal of Obesity*, 40(5), 883.

Tylka, T. L., Annunziato, R. A., Burgard, D., Daniëlsdóttir, S., Shuman, E., Davis, C., & Calogero, R. M. (2014). The weight-inclusive versus weight-normative approach to health: Evaluating the evidence for prioritizing well-being over weight loss. *Journal of Obesity*, 2014.

Section 2. Proposed principles to guide a national obesity strategy

10. Please rate how important you think each of the following proposed principles are for guiding the development and implementation of a national obesity strategy.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
People First - the strategy is person-centred, meaning it recognises the unique situations, experiences and strengths of individuals					X	
Equity - the strategy will promote equity, acknowledging some people and groups need additional supports to achieve good health					X	
Collective and Sustained Action - the strategy will promote partnerships and ongoing shared commitment from government and other key stakeholders				X		
Evidence-Based - the strategy will be informed by up-to-date evidence and promising or emerging strategies					X	
Sustainable Development - the strategy will align with the pillars of sustainable development: economic growth, social equity and environmental protection.			X			

Section 2. Proposed principles to guide a national obesity strategy

11. Thinking about the five proposed guiding principles, is there anything you would change, add or remove?

Please provide your comments in the space below.

People first. We welcome that people are at the centre of the strategy. An important addition is that the strategy should be holistic and support both a healthy body and a healthy mind. This focus aligns with the National Strategic Framework for Chronic Conditions, which moves away from a single disease focus, and Healthy, safe and thriving: National Strategic Framework for Child and Youth Health, which recognises the connections between physical health, social and emotional wellbeing, environment and experience, and the need to address all aspects in combination to ensure that children and young people are healthy, safe and thriving.

Equity. It is important to establish that weight and health are not one and the same. People best achieve good health and well-being when they focus on health behaviours that are within their control, rather than weight. We recommend the second sentence be changed to: "all Australians should have the opportunity to achieve good health and well-being through creating supportive environments that encourage sustainable health behaviours". In the second paragraph, we recommend the sentence be changed to: "It will also address the specific needs of populations who are unequally affected by chronic conditions". We also recommend adding people with mental illness, who are disproportionately affected by chronic physical conditions.

Collective and sustained action. We commend the consultation team for phrasing this principle in a weight-inclusive way – indeed the benefits of healthier eating and more physical activity will substantially reduce rates of chronic physical and mental health conditions. Collective and sustained action must do no harm. In line with recommendation 1 from the Senate Select Committee into the Obesity Epidemic any actions must use appropriate language to avoid stigma and blame in all aspects of public health campaign, program design and delivery. This is important because weight stigma and body dissatisfaction negatively impact people's mental health and are known risk factors for eating disorders.

Evidence-based. To ensure the strategy and related sub-strategies are truly evidence based, the evidence supporting weight inclusive approaches must be incorporated. Weight-inclusive approaches, such as Health at Every Size®, focus on supporting the health of people across the weight spectrum while challenging weight-stigma, especially in health-related settings. In addition, evidence that a weight focus does not always result in better health outcomes and is associated with significant harm in vulnerable individuals must be acknowledged [(see O'Hara and Taylor (2018), Tylka et al (2014), Bacon and Aphramor (2011)].

Sustainable development. We recommend the second sentence be changed to "Chronic disease are closely linked to the three pillars of sustainable development". 'Diseases resulting from overweight and obesity' infers a causal link, which is incorrect. Linking body weight to economic growth, social equity and environmental protection is counterproductive as it will further entrench stigma against people with larger bodies, who already experience discrimination in the workplace and daily life.

Bacon, L., & Aphramor, L. (2011). Weight science: evaluating the evidence for a paradigm shift. *Nutrition Journal*, 10(1), 9.

O'Hara, L., & Taylor, J. (2018). What's Wrong With the 'War on Obesity?' A Narrative Review of the Weight-Centered Health Paradigm and Development of the 3C Framework to Build Critical Competency for a Paradigm Shift. *Sage Open*, 8(2), 2158244018772888.

Tylka, T. L., Annunziato, R. A., Burgard, D., Danielsdóttir, S., Shuman, E., Davis, C., & Calogero, R. M. (2014). The weight-inclusive versus weight-normative approach to health: Evaluating the evidence for prioritizing well-being over weight loss. *Journal of Obesity*, 2014.

Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

12. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

Remember that you can rate and comment on all of the ideas, or you can skip to the next section if you do not want to provide feedback on a particular area.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Provide healthy eating and drinking support and physical activity support for pre-conception and during pregnancy, including specific approaches for prospective parents who are, or at risk of becoming, overweight or obese during pregnancy						X	Supporting prospective and new parents to engage in behaviours that support their health and well-being is essential for parents across the weight spectrum. All strategies for pregnant women and new parents should be weight-inclusive and create supportive environments that enable all people to engage in health-promoting behaviours to nourish and prepare their bodies for pregnancy, childbirth and parenting.
Provide support for mothers to breastfeed and continue to breastfeed by implementing the National Breastfeeding Strategy					X		
Explore policy options to strengthen protection of infants and families from excess availability and marketing of breast milk substitutes				X			
Strengthen healthy eating and physical activity guidance and support for mothers and fathers after birth as they transition and adjust to their					X		All guidance must be weight-inclusive and support parents without

new roles as parents							without judgement or stigma.
Provide guidance to parents, carers and families on appropriate healthy eating and physical activity for infants (e.g., appropriate introduction of solids, responsive feeding, portion size, screen time, motor skill development)						X	All guidance must be weight-inclusive, culturally appropriate and support parents without judgement or stigma. Information should be practical and tailored to infants' developmental stage.

Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

13. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Provide guidance to parents, carers and families on appropriate healthy eating and physical activity for children and young people (e.g., appropriate nutrition, portion size, screen time, sleep and regular physical activity)				X			All guidance must be weight-inclusive and support parents, carers and families to support the child to develop a positive relationship with food and movement, and support the child's ability to self-regulate their eating habits and movement patterns. Nutrition information needs to be developmentally appropriate and focused on growth and development, not on weight control.
Support parents, carers and families to purchase, prepare and							

enjoy healthy food and drinks, whilst limiting unhealthy food and drinks.					X		
Encourage parents, carers and families of children and young people to use parks and recreation facilities, role model active transport and active living, be active with children (co-participation) and restrict screen time					X		The strategy should support all people to participate in life enhancing movement.
Develop fun peer and community activities that enable adolescents to engage in physical activity, including a focus on the role of fathers					X		The strategy should support all people to participate in life enhancing movement.
Encourage greater availability of healthy food and drinks, whilst also limiting unhealthy food and drinks, at sporting, recreation and community venues, facilities, clubs and events.				X			
							We strongly recommend removing strategy 12.6 'availability and equitable access to programs that support weight management for children, young people and their families.' Initiatives focused on the weight, shape and size of the body are counterproductive and have

<p>Increase availability of, and equitable access to, appropriate programs that support weight management for children, young people and their families</p>	<p>X</p>						<p>demonstrated limited long-term effectiveness and are associated with harms. Research shows that regardless of BMI, adolescents who perceive themselves to be underweight or overweight had poorer physical activity and eating patterns, compared to adolescents who perceived their weight to be "about right" (Patte et al., 2016). Body dissatisfaction and changing one's eating or exercise patterns to change their body shape or size, are established risk factors for eating disorders. Due to the high disease burden and economic cost of eating disorders, programs should not increase risk of disordered eating or eating disorders. Programs targeting eating, physical activity and other health-promoting behaviours should aim to do no harm. We call for weight-inclusive programs that support all children and adolescents, and their families to adopt a healthy lifestyle, which protects their physical and mental health.</p>
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Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

14. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	Comments
<p>Enhance leadership, professional knowledge, relevant policies and practices, curriculum design and delivery aligned with national guidelines, and partnerships within and beyond the early childhood education and care and</p>				<p>X</p>			<p>Policies, practices and curriculum design for early childhood education and care and schools regarding health, nutrition and physical</p>

Education and care and school community						physical activity must be informed by qualified health professionals.
Establish partnerships to deliver programs where necessary (e.g., healthy breakfast programs, healthy school canteens and childcare menus, active play programs)					X	Given that over one-third of Australian children are living in single parent households facing poverty, where the potential for food insecurity is high, we recommend a focus on addressing environmental and sociocultural factors to ensure that all children have access to (a) enough food, and (b) nutritious food that supports their growth and development. This must include a review of parenting payments and child support payments.
Enable after-hours use of school facilities to expand available, accessible and affordable physical activity options and destinations for families and communities					X	
Support safe, active travel to and from early childhood education and care settings and schools through infrastructure and behaviour change programs in collaboration with local communities				X		This strategy must also recognise the time demands on parents and support community-building to increase access to active travel.
Investigate policy and						

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Provide information, education and skill-building programs and initiatives aligned with Australian guidelines for healthy eating, physical activity and sedentary behaviour					X		The overall strategy needs to be changed from being weight focused to a weight-inclusive Health at Every Size framework, and support people and communities to engage in behaviours that are within their control and promote their overall physical and mental health and social wellbeing, independent of weight.
Develop and fund ongoing national mass media campaigns to shift expectations, beliefs and social norms, whilst minimising weight-related stigma		X					National mass media campaigns that focus on weight or obesity as a problem are inherently stigmatising. Mass media campaigns for the general public must be weight-inclusive and do no harm. An evidence-based example is VicHealth's This Girl Can campaign.
Partner with Aboriginal and Torres Strait Islander people to develop and deliver culturally appropriate and safe social marketing and supporting programs				X			Programs for Aboriginal and Torres Strait Islander people should be weight inclusive and trauma-

							informed.
Partner with culturally and linguistically diverse (CALD) groups to develop and deliver culturally appropriate and safe support programs for early migrants				X			Programs for early migrants should be trauma-informed and weight-inclusive and attend to the impact of food insecurity and restriction, especially for humanitarian migrants who have been living in refugee camps.
Partner with people with disability to develop and deliver initiatives to improve healthy eating and physical activity that are accessible and responsive				X			Programs for people with disability should be weight-inclusive and accessible.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

13. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Invest in targeted community capacity building initiatives that activate leadership, drive innovation and support a collective impact approach to create health promoting community places and spaces					X		Capacity building initiatives must include weight inclusive approaches that are associated with positive physical and mental health outcomes. We recommend raising awareness of weight-inclusive approaches to health promotion and building capacity among communities to develop initiatives that simultaneously promote physical and mental health.
Identify a diverse range of local leaders to 'champion' place-based healthy eating and physical activity initiatives and develop a supportive nationwide network and learning community				X			Local leaders must have an in-depth understanding of health and well-being and determinants and champion initiatives that benefit both physical and mental health.
Ensure local communities have access to health promoting sponsorship options for events and sport, and are empowered and informed to consider the impact of unhealthy sponsorship choices				X			

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

14. Please rate the extent to which you think each of the following proposed ideas is important for guiding action

under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Evidence-based weight management interventions, ensuring a range of delivery modes and accessibility for all, regardless of age, living location, cultural background and income	X						A focus on weight management is counter-productive. Evidence shows that weight loss via lifestyle interventions is maximal at 6-12 months with most weight being regained within a two year period (NHMRC, 2013). Two thirds of people who lose weight and regain it end up at a higher weight (Fildes et al, 2015). In addition to weight-cycling which increases risk for chronic physical and mental health conditions, body dissatisfaction and changing eating or exercise patterns to change one's body shape or size, are established risk factors for eating disorders. A focus on weight management reinforces the narrative that weight is within an individual's control, which perpetuates weight stigma and discrimination.
Advocate for increased intensity of action for population groups experiencing higher levels of overweight and obesity, through effective co-designed behaviour change programs						X	As chronic diseases affect people across the weight spectrum, and no chronic disease exclusively affects people of higher weight, action should be focused on groups experiencing higher levels of chronic diseases, such as diabetes, heart disease, or mental illness etc.
Support those experiencing weight stigma and discrimination and ensure all actions promote positive discussion of weight and					X		Physical features, including weight, must be included in discrimination policy in all Australian States and territories in line with Victoria and the Australian Capital Territory. The strategy must be refocused on

weight and prevent weight-related stigmatisation

must be focused on health and well-being, and be weight-inclusive to avoid perpetuating stigma.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

15. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Support better collaboration between sectors dealing with unemployment, social protection and health					X		In the strategy title, remove 'obesity-related' and change to 'Support health and social services to priorities the prevention of chronic disease.
Develop labour and social policies that provide secure and decent work for all					X		Physical features, including weight, must be included in discrimination policy in all Australian States and territories in line with Victoria and the Australian Capital Territory.
Raise incomes of the poorest groups to reflect the real cost of healthy living and increase access to improved living conditions and opportunities for healthy behaviours						X	We support raising the single rate of Newstart and other allowances by at least \$75 per week (and indexing the payment to wages) as recommended by ACOSS.
Provide professional development for clinicians to support the improvement of healthy eating and physical activity					X		Professional development for clinicians must include weight inclusive approaches to supporting behaviour

behaviours in their patient/clients						<p>changes that promote physical and mental health.</p>
<p>Enable early identification of unhealthy weight gain (including modest weight gain) for patients/clients, with a focus on life course transition points often associated with weight gain and people from at-risk population groups</p>	X					<p>For people recovering from eating disorders or other chronic conditions, weight gain may be life-saving. Instead of policing people's bodies and pathologising weight gain, strategies need to build health literacy and empower people by providing education to recognise and understand typical body changes that occur throughout the lifespan, without fear.</p>
<p>Increase the availability of, and clarity of referral pathways to, evidence-based weight management treatments (including community-led programs)</p>					X	<p>Evidence shows that while weight management is effective in the short term, weight loss via lifestyle interventions is maximal at 6-12 months with most weight being regained within a two year period (NHMRC, 2013). Two thirds of people who lose weight and regain it end up at a higher weight (Fildes et al, 2015). Change this strategy to 'Increase the availability of and clarity of referral pathways to evidence-based allied health treatments to support health and wellbeing and address modifiable risks for chronic</p>

physical and mental health conditions.'

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

16. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Adopt best-practice breastfeeding policies and practices (e.g., workplace facilities, maternity leave, flexible work times to allow for breastfeeding)					X		
Adopt policies and practices that promote and prioritise physical activity, increase access to healthy food and drinks, and limit access to, or remove unhealthy food and drinks through catering, vending machines, cafes and canteens				X			Policies should aim to increase access to enough food of sufficient variety and quality. Change 'healthy' food to nourishing food.
Design buildings that support and encourage healthy behaviours (e.g., stairs, kitchen facilities, end-of-trip facilities, storage, standing desks)				X			This sub-strategy needs to incorporate the principles of universal design to ensure that buildings are created that accommodate different ages, abilities, genders, cultures and body shapes and sizes to encourage participation and healthy behaviours for all people.
Create physical environments,							Improved public

policies and programs that incentivise and support active travel to work				X			transport in regional and rural areas is a must.
Offer flexible work options to reduce travel time, freeing up time for meal planning/preparation and physical activity				X			
Offer or facilitate access to multi-component, non-discriminatory programs and information to support healthy eating, physical activity and healthy weight				X			To be non-discriminatory, this strategy must remove 'healthy weight' and be changed to: 'Offer or facilitate access to multi-component, weight-inclusive programs and information to support eating for well-being and life-enhancing physical activity.'

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

17. Thinking about the strategies you just read for mobilising people and communities, are there any additional strategies you think should be included to mobilise people and communities to use knowledge, strengths and community connections to enable healthy weight?

Please provide your comments in the space below. The five proposed strategies are listed again below if you need to re-read these.

This proposed priority should be re-named to "Mobilising people and communities - using knowledge, strengths and community connections to enable health and well-being."

Change 2.3 'Support all people who are at risk of becoming overweight...' to 'Support people at risk of chronic disease to access health promotion interventions'.

2.4 Remove 'obesity-related' and change to 'Support health and social services to priorities the prevention of chronic disease.'

An additional strategy is to relocate industries and government departments to regional centres close to where people live.

Proposed Priority 3: Enabling active living – supporting a way of life that helps people move more throughout the day

12. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Develop and maintain infrastructure that grows participation in sport, active recreation, walking, cycling and public transport use to encourage individuals and families to be active together					X		
Create a culture that promotes active travel through safe walking networks, drinking water stations and pedestrian prioritisation; cycling networks with reduced crash risk; storage and end-of-trip facilities; and efficient, accessible and regular public transport systems with strong connectivity and after-hours service					X		
Apply integrated urban (and regional) design and transport policy, regulations and guidelines to create built environments that prioritise active living for people of all ages and abilities					X		This sub-strategy needs to incorporate the principles of universal design to ensure that spaces and places are created that accommodate different ages, abilities, genders, cultures and body shapes and sizes to enable active living for all people.
Conserve and develop open spaces, green networks, recreation trails and ecologically diverse natural environments that enable active interaction with nature					X		
Make communities safe with people-friendly spaces that favour people over motorised transport, and crime prevention strategies, such as community policing techniques, peer-led outreach programs and lighting					X		

programs and lighting							
Ensure strategic infrastructure policies and plans prioritise investment in public transport, walking and cycling infrastructure					X		
Consider fiscal policies to reduce driving and increase active travel and the availability and quality of recreation and sport facilities and opportunities				X			Such policies would work in metropolitan areas but may further disadvantage people in regional and rural areas.

Proposed Priority 3: Enabling active living – supporting a way of life that helps people move more throughout the day

13. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Provide a range of fun, local and social active living options that match the interests of various ages and abilities, engage local communities and organisations, and build social cohesion					X		
Partner with Aboriginal and Torres Strait Islander people, people living in regional and remote areas, people with disability, and people experiencing disadvantage, to develop targeted interventions that increase the availability, accessibility and affordability of physical activity opportunities and reduce barriers to active living					X		
Support regular participation initiatives in public spaces that engage large portions of the community (e.g., fun runs)					X		
Offer free or low-cost access to encourage use of public transport, walking and cycling infrastructure, recreation opportunities, natural environments, sports and active living programs (e.g., subsidies, public liability insurance scheme for cyclists, rental equipment, participation incentives, and after-hours use of public and school sport and recreation facilities)					X		
Build physical literacy and promote community-based active events using sustained, evidence-based social marketing					X		

Proposed Priority 3: Enabling active living – supporting a way of life that helps people move more throughout the day

14. Thinking about the specific strategies you just read for enabling active living, are there any additional strategies you think should be included to support a way of life that helps people move more throughout the day?

Please provide your comments in the space below. The two proposed strategies are listed again below if you need to re-read these.

We commend authors for developing a range of strategies that are weight-inclusive and allow people of all sizes, abilities, and interests to engage in purposeful and enjoyable movement.

This proposed priority and related strategy should value all forms of physical activity and emphasise the many benefits of being active for mental health, cardiovascular fitness, strength, endurance, balance, coordination, social connection etc.

Strategies for encouraging physical activity should challenge body norms and stereotypes that reduce people's participation or lead them to engage in harmful behaviours, such as over-exercise.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

12. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Ensure planning and management policies for land and sea use safeguard food system resilience and productivity				X			
Develop innovative solutions to efficiently use natural resources, maximise biodiversity, minimise wastage, enable business growth and address climate change					X		
Ensure economic policies make production and manufacturing of healthy foods and drinks, such as fresh fruit and vegetables, attractive					X		

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

13. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Create easier access to healthy food and drinks in local residential communities through: urban agriculture (e.g., community garden initiatives and encouraging home gardens); urban design (e.g., density of fast food outlets and proximity to schools and community services; access to supermarkets and smaller food businesses); and other local community actions (e.g., local food markets, healthy food supply at community events)				X			
Encourage land use planning policies that protect high-quality agricultural land on the urban fringe and ensure that planning decisions achieve the policy intent				X			
Establish policies on food and drink procurement, catering, and provision across all government departments and settings to encourage healthy eating and drinking				X			

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

14. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Work in partnership with industry to establish and monitor reformulation targets for food and drink manufacturers, retailers and caterers					X		
Develop national targets to reduce serving sizes of unhealthy food and drinks in food service and retail settings, particularly for food and drink items designed for children				X			
Explore setting compositional limits for nutrients of concern (e.g., sodium, saturated fat, added sugar and/or energy content) across a range of food and drink types				X			
Reduce food waste during manufacturing and processing and eliminate unnecessary packaging					X		

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

15. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Encourage good quality, culturally appropriate, healthy food availability and affordability in stores, workplaces and institutions in rural and remote communities					X		
Investigate partnership arrangements with large supermarkets to offset the price of healthier food and drinks in communities experiencing disadvantage and small remote stores			X				
Celebrate cultural knowledge and diversity by using a self-determination approach to find the best solutions for reducing common barriers to healthy food and drink access, selection and preparation					X		
Build on existing housing initiatives to improve community and household food preparation and storage facilities					X		

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

16. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Reduce unhealthy food and drink marketing on publicly-owned or managed settings (e.g., public transport infrastructure)				X			
Explore options to reduce unhealthy food and drink advertising prominence in places frequently visited by large numbers of people, especially children (e.g., vending machines, supermarket checkouts and aisles, entertainment venues)				X			
Explore options to reduce unhealthy food and drink sponsorship and marketing associated with sport and major community events				X			
Restrict unhealthy food and drink advertising during peak television viewing times for children					X		
Restrict promotions using devices that appeal to children (e.g. toys, games)				X			
Partner with relevant industry stakeholders to introduce user controls that can limit exposure to digital advertising of unhealthy food and drinks					X		

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

17. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Continue to strengthen the uptake of the Health Star Rating system towards universal implementation and continue to consider options				X			The Health Star Rating system needs to be involuntary to ensure that

continue to consider options for the ongoing enhancement of the system							consumers can compare across all products.
Introduce front of pack nutrition warning labels for nutrients of concern (e.g., added sugar, sodium, saturated fats, alcohol, high energy content) to complement the Health Star Rating system						X	Food labels should provide sufficient information for people to make informed choices. However, the impact of food-labelling on people with eating disorders must be acknowledged and avoid using language that creates shame, guilt or anxiety around food.
Support multi-component interventions to improve nutrition information and increase accessibility and prominence of healthier options in supermarkets			X				
Adopt consistent national regulation on menu energy (kilojoule) labelling in businesses that sell ready-to-eat-food						X	The impact of food-labelling on people with eating disorders must be acknowledged and avoid using language that creates shame, guilt or anxiety around food.
Consider adoption of sustainability indicators that provide clear consumer information on the environmental impacts of food and drink products		X					Concerns about sustainability of the food system are important but must be addressed at the food production, rather than the consumer level

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

18. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Subsidise healthy food and drinks (e.g., fruit, vegetables and water), potentially including transport subsidies to remote communities					X		
Consider emerging evidence and policy approaches that use price to reduce consumption of sugar-sweetened beverages and high sugar snacks			X				
Consider using price to reduce consumption of alcoholic beverages, potentially through a uniform volumetric tax and/or a floor price					X		
Restrict temporary price reductions (e.g., half-price, multi-buys) on unhealthy food and drink products				X			
							Remove. The assumptions

Explore and consider options for incorporating the cost of obesity and greenhouse gas emissions into the price of food and drinks	X						remove. The assumptions behind this sub-strategy are simplistic, stigmatising and incorrect. Increasing the cost of food and drinks will make food less affordable and place an additional burden on people on a low income. This sub-strategy will be counter-productive as it will make food even less accessible and affordable and further entrench food insecurity, which paradoxically is associated with higher weight and eating disorders. The costs of obesity are artificially inflated when body weight is framed as a disease requiring treatment. Providing person-centred health care and supportive environments for all people to engage in activities that promote health will reduce costs associated with chronic disease.
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Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

19. Thinking about the specific strategies you just read for building a healthier and more resilient food system, are there any additional strategies or recommendations you think should be included to produce and promote healthier food and drinks with little impact on the environment?

These might include strategies that help people overcome specific challenges they encounter when making decisions about the food and drinks they consume.

Please provide your comments in the space below. The seven proposed strategies are listed again below if you need to re-read these.

The dietary quality of Australians is similarly poor across the BMI ranges so this priority should focus on improving dietary quality and variety for all people.

We recommend avoiding labelling language e.g. 'healthy' vs 'unhealthy' to describe foods, recognising that the purpose of food is not simply for nutrition but also for enjoyment, social and cultural connection and celebration.

Governments need to take more responsibility for regulating the processed food industry, rather than blaming individuals for their consumption, so for example they could regulate so that serving sizes are smaller, and fast food is more expensive and fresh food is less expensive.

Food labels should provide sufficient information for people to make informed choices. However, the impact of food-labelling on people with eating disorders must be acknowledged and avoid using language that creates shame, guilt or anxiety around food.

Support primary producers to ensure they get adequate payment for the goods they produce to encourage innovation and build economic and environmental sustainability.

Section 3. Proposed priority areas and strategies for a national obesity strategy

12. Priority areas

Before we move on to the next section of the survey, do you have any other feedback about the four priority areas you have just read about?

Supporting children and families – Starting early to support healthy weight throughout life

Mobilising people and communities – Using knowledge, strengths and community connections to enable health weight

Enabling active living – Supporting a way of life that helps people move throughout the day

Building a healthier and resilient food system – Producing and promoting healthier food and drinks with little impact on the environment

Please provide your comments in the space below.

We recommend the priority areas be changed to focus on promoting health and preventing chronic conditions (inclusive of physical and mental health conditions). The majority of strategies will benefit Australians across the weight spectrum, therefore, the weight focus should be removed to maximise their effectiveness.

1. Supporting children and families - starting early to support health throughout life

2. Mobilising people and communities - using knowledge, strengths and community connections to enable health and well-being.

Proposed Enabler 1: Lead the way – collective commitment and action for obesity prevention and health equity across governments

13. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Implement strong governance systems to facilitate multiple efforts by many sectors					X		Governance systems need to ensure that conflicts of interest are identified and managed.
Explore new collaborative ways of working with communities that create genuine partnerships, embed the right to self-determination and autonomy, co-develop solutions and elevate community voices to create change in their own communities					X		

Proposed Enabler 1: Lead the way – collective commitment and action for obesity prevention and health equity across governments

14. Are there any additional strategies you think should be included to enable strong national leadership and governance to foster partnerships for systems change to deliver better outcomes at the national, state/territory, regional and local levels?

Please provide your comments in the space below.

In the proposed enabler, remove 'obesity prevention' and replace with 'chronic disease prevention'.

Raise awareness of weight-inclusive approaches and build capacity of policy makers and community members to understand and apply weight inclusive practices.

Proposed Enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and to make sure collective actions are effective

13. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Update Australian guidelines for healthy eating, physical activity and weight, ensuring they explicitly incorporate environmental sustainability, are based on the latest scientific evidence and are free from industry influence					X		PE2.2.1. Remove weight from environmental sustainability. This is stigmatising, simplistic and incorrect. To be based on latest scientific evidence, weight-related clinical guidelines must include evidence regarding weight-inclusive approaches, such as Health at Every Size and Intuitive Eating, and include risk of eating disorders for weight management interventions. Guidelines must be free of influence from treatment industries such as pharmaceutical and surgical companies

							companies.
Conduct regular cross-sector monitoring and evaluation of a national obesity strategy to ensure accountability, continuous improvement and effectiveness of collective action, in consultation with national data agencies and data collection custodians				X			Monitoring and evaluation of national obesity strategy needs to include and measure unintended consequences including stigma (external and internal), body image concern, and eating disorders.
Support research on obesity systems to grow the evidence base, reduce gaps in knowledge and assess promising approaches						X	Obesity systems are already well understood. We recommend this sub-strategy be reframed to focus on chronic disease systems and build evidence and understanding of the interrelationships between physical and mental health conditions and determinants.
Co-develop evaluation and research approaches that align with community values to acknowledge the deep knowledge and experiences of people working to create change in their own communities and to ensure data sovereignty						X	Evaluation and research needs to incorporate qualitative investigations of people's lived experiences and measure outcomes of interest to community.
Co-develop evaluation and research approaches with Aboriginal and Torres Strait Islander people, utilising cultural and traditional knowledge						X	

Proposed Enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and to make sure collective actions are effective

14. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Commit sustained funding to support data collection, shared data systems, enhanced sharing of effective and emerging initiatives, and regular population monitoring and surveillance of weight status and variables associated with overweight and obesity, including wider commercial, cultural and environmental determinants of obesity						X	BMI is a poor proxy for health and should be used only as a secondary outcome. Population monitoring and surveillance needs to include food security, body image concern, rates of eating disorders, and experiences of weight bullying, stigma and discrimination. Analysis of data needs to recognise weight bias and control for BMI to give a true picture of the relationships between weight, determinants and outcome measures.
Boost participation rates in population monitoring and surveillance to ensure accurate and reliable statistics at sub-national levels and representativeness for at-risk population groups		X					Weighing children in schools is not supported by community members. In 2018, a change.org petition started by Sarah McMahon, psychologist, gained over 7000 signatures.
Investigate new data sources to supplement population monitoring and surveillance (e.g., supermarket transaction data, Google analytics)		X					

<p>Use data to regularly update consumers, communities and stakeholders with independent, accurate and easily understood information</p>	<p>X</p>					<p>Data should focus on health behaviours and determinants of health, rather than on body weight. Data should aim to increase health literacy.</p>
<p>Use data to build connections between communities and the health, social sciences and environmental disciplines</p>					<p>X</p>	<p>There needs to be greater connections and collaborations between physical and mental health disciplines to ensure that strategies to benefit people's physical do not have unintended consequences for people's mental health.</p>
<p>Support a collaborative analysis of research on interventions and strategies (from systematic reviews, and primary and grey literature) addressing healthy eating, physical activity and obesity outcomes for Aboriginal and Torres Strait Islander people and other population groups experiencing higher levels of overweight and obesity</p>						<p>Data should focus on health behaviours and determinants of health, rather than on body weight. Analysis also needs to also be gender sensitive as impacts of policy will have different impacts on men, women and gender-diverse people.</p>

Proposed Enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and make sure collective actions are effective

15. Are there any additional strategies you think should be included to strengthen evidence and data systems to help guide investment, assess impact, improve outcomes, and continue to grow the evidence base?

Please provide your comments in the space below.

Analysis of data needs to recognise weight bias and control for BMI to give a true picture of the relationships between weight, determinants of health, and outcome measures. BMI is a poor proxy for health and should be used only as a secondary outcome.

Proposed Enabler 3: Build the workforce – support development of an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments

13. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Strengthen the confidence and competence of primary health, allied health, and other health professionals to prevent unhealthy weight gain among patients; recognise and address overweight and obesity; and understand stigma, blame and the mental health implications of overweight and obesity						X	Research evidence indicates that general practitioners and allied health professionals lack self-efficacy in providing weight management support. This is not surprising as while weight management is effective in the short term, evidence shows that weight loss via lifestyle interventions is maximal at 6-12 months with most weight being regained within a two year period (NHMRC, 2013). Two thirds of people who lose weight and regain it end up at a higher weight (Fildes et al, 2015). The health care workforce needs to be skilled in critical weight science to recognise the biological, social, cultural, and commercial determinants of body weight, understand the complex relationships between weight and health, recognise weight bias and

							address weight stigma (internal and external) and receive training in person-centred, weight-inclusive approaches to promoting health and preventing chronic conditions. Professionals in the health, fitness and weight management industries need training to understand and screen for eating disorders.
Increase health workforce understanding of equity and social justice, and cultural and language competency to respond to the diverse needs of the Australian community					X		
Support the continued growth and development of the Aboriginal and Torres Strait Islander workforce					X		
Embed health promotion and equity into vocational and tertiary training for essential supporting sectors				X			

Proposed Enabler 3: Build the workforce – support development of an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments

14. Are there any additional strategies you think should be included to develop an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments?

Please provide your comments in the space below.

We support Recommendation 2 from the Senate Select Committee into the Obesity Epidemic in Australia that the 'Commonwealth Department of Health work with organisations responsible for training medical and allied health professionals to incorporate modules specifically aimed at increasing the understanding and awareness of stigma and blame in medical, psychological and public health interventions of overweight and obesity'. Noting that weight stigma is an independent risk factor for chronic physical and mental health conditions and the purpose of addressing stigma is to respect the humanity and dignity of all people, especially those with larger bodies, without requiring them to change their body weight, shape or size.

Proposed Enabler 4: Invest for delivery - Adequately funding sustainable interventions and preventative actions, and exploring economic policies and trade agreements to positively impact on overweight and obesity rates, communities and the environment

13. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Provide additional funds for effective delivery of comprehensive, contemporary and sustained actions at an appropriate scale					X		<p>A weight-inclusive approach is a comprehensive, contemporary approach that is fiscally responsible and likely to yield a more sustainable investment in chronic disease prevention as it avoids over diagnosis and over treatment, while reducing missed diagnosis. It focuses on modifiable risk factors and determinants of health and evidence supports simultaneous benefits for people's physical and mental health (Clifford et al., 2015; Ulian et al., 2018). Addressing weight stigma and discrimination will improve education, workforce and community participation, while reducing healthcare avoidance. Clifford, D., Ozier, A., Bundros, J., Moore, J., Kreiser, A., & Morris, M. N. (2015). Impact of non-diet approaches on attitudes, behaviors, and health outcomes: A systematic review. <i>Journal of Nutrition Education and Behavior</i>, 47(2), 143-155. Ulian, M. D., Aburad, L., da Silva Oliveira, M. S., Poppe, A. C. M., Sabatini, F., Perez, I., ... & Vessoni, A. (2018). Effects of health at every size® interventions on health-related outcomes of people with overweight and obesity: a systematic review. <i>Obesity Reviews</i>, 19(12), 1659-1666.</p>
							<p>Prevention funding should focus on chronic conditions, not on weight. Body weight is a poor predictor of health with one in three people being misclassified using the body mass index (Tomiyama et al., 2016). This is not a</p>

<p>Explore new, innovative funding mechanisms for prevention of overweight and obesity, including a potential prevention investment fund</p>						<p>X</p>	<p>et al., 2016. This leads to two problems: (1) overdiagnosis, where people who are healthy may receive unnecessary, ineffective and potentially harmful weight-loss treatment recommendations and (2) missed diagnosis, where people miss out on early intervention and require more intensive, expensive health care later on. A weight-focussed preventative health strategy is unlikely to be effective in improving health at a population level and is associated with significant harms to people's mental health.</p>
<p>Ensure formal and informal engagement of public health expertise in trade and investment agreement development processes</p>			<p>X</p>				
<p>Assess health impacts of trade agreements during negotiations to ensure they favour the production and distribution of healthy food and drinks and control that of unhealthy food and drinks</p>				<p>X</p>			
<p>Investigate ways of reorienting economic policies, subsidies, investment and taxation systems to best benefit healthy eating and drinking, active living, health outcomes, communities and the environment</p>				<p>X</p>			

Proposed Enabler 4: Invest for delivery - Adequately funding sustainable interventions and preventative actions, and exploring economic policies and trade agreements to positively impact on overweight and obesity rates, communities and the environment

14. Are there any additional strategies you think should be included to provide adequate and sustainable investment in overweight and obesity prevention?

Please provide your comments in the space below.

Preventing weight gain and weight management are not sustainable interventions as body weight is largely genetically determined and maintained within narrow limits by physiological mechanisms that are outside people's direct control. Prevention funding should focus on chronic conditions, not on weight. Therefore, the proposed enabler should be changed to: "Invest for delivery - adequately funding sustainable interventions and preventive actions, and exploring economic policies and trade agreements to positively impact on chronic disease rates, communities and the environment".

Proposed governance arrangements for a national obesity strategy

13. Do you have any feedback about the proposed governance arrangements for a national obesity strategy?

Please provide your comments in the space below.

As well as eliminating conflicts of interest from food and beverage industries, governance arrangements must also eliminate conflicts of interest from pharmaceutical and obesity treatment industries who will benefit financially from framing body weight as a disease.

Strategy governance should include people who are higher weight and not seeking weight-loss treatment, especially people who are higher weight who have experienced an eating disorder to ensure the strategy does no harm.

HAES Australia is a not for profit, member organisation that brings together the highest quality information, training and specialists in Australia for the Health at Every Size® (HAES®) approach. HAES Australia is available to inform the refinement and implementation of a weight inclusive strategy.

Proposed implementation for a national obesity strategy

14. Do you have any feedback about the proposed implementation for a national obesity strategy?

Please provide your comments in the space below.

Universal strategies must be weight inclusive and focus on preventing chronic physical and mental health conditions simultaneously. The strategy needs input from both the physical and mental health sectors to ensure that actions do no harm. Top-down implementation of actions needs to be balanced by bottom up consultation with community members and local service providers to ensure policy actions are tailored to and meet the needs of communities.

Proposed monitoring, evaluation and reporting process for a national obesity strategy

15. Do you have any feedback about how the strategy should be monitored, evaluated and reported?

Please provide your comments in the space below.

Outcome measures should include reliable and valid measures of determinants of health, health behaviours, prevalence of physical and mental health conditions, and subjective health, well-being and quality of life.

Anthropometric measurements, such as weight or BMI, are not recommended as primary measures of health status as they are not accurate measures of disease risk, nutritional intake, or eating behaviour.

In particular, monitoring should NOT include weighing children and adolescents in schools. The evaluation should include extensive quality of life and psychological assessments to measure both the benefits and harms of all policy actions. Reporting of the strategy should not emphasise body weight, but instead focus on modifiable health behaviours and action on determinants of health.

Targets for a national obesity strategy

16. Do you think targets are needed for the strategy? If so, what should they be?

Please provide your comments in the space below.

Targets based on modifiable risk factors and determinants of health are recommended. Such targets include:

Reducing rates of food insecurity

Reducing rates of poverty

Increasing dietary quality and variety

Increasing water consumption

Reducing body dissatisfaction

Reducing weight stigma/weight-related bullying

Reducing the prevalence of eating disorders

Increasing physical activity

Reducing the prevalence of chronic diseases e.g. type 2 diabetes, cardiovascular disease, cancer, etc

Improving quality of life

Title for a national obesity strategy

17. Do you have any suggestions for what a national obesity strategy could be called?

Please provide your comments in the space below.

We recommend a move away from a weight-focused strategy, and strongly object to the name 'National Obesity Strategy'. Other suggestions for the strategy include 'Health for every body', 'Healthy body, healthy mind', or 'Preventing chronic conditions, promoting health'.

Final comments about a national obesity strategy

18. Lastly, do you have any final comments or ideas regarding the proposed national obesity strategy?

HAES Australia supports an increased focus on promoting Australian's health and well-being, while preventing chronic conditions. However, emphasising obesity in public health policy and practice is counterproductive and shifts the focus away from health-promoting behaviours and social determinants of health, which have a more significant impact on population health outcomes than body weight.

Decades of research have consistently shown that weight loss or weight focused interventions don't lead to sustainable improvements in health outcomes, and in many cases these interventions negatively impact health. For example, it is becoming clear that weight cycling contributes to a range of health concerns, whereas a stable weight does not, even if it is a higher weight. Any national strategy should be evidence based and maximise its effectiveness by ensuring all sub-strategies promote physical, mental and social wellbeing. This means taking a weight-inclusive perspective, such as Health At Every Size, even though this goes against prevailing thinking. We have a real chance here to be world leaders in creating a policy that simultaneously promotes physical and mental health, don't let the country down.

Section 7. Questions about you

19. In which state or territory is your organisation or business located?

Queensland

Section 7. Questions about you

20. How would you best describe the location of your organisation or business?

A capital city

(untitled)

21. Would you like a copy of your survey responses to be sent to the email address you provided at the beginning of the survey?

Yes