



Public Health Association
AUSTRALIA

Public Health Association of Australia Response to the Queensland Obesity Prevention Strategy Consultation Survey

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.



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Introduction

PHAA welcomes the opportunity to provide input to the draft Queensland Obesity Strategy. PHAA commend Health and Wellbeing Queensland (HWQLD) for producing a progressive and ambitious action plan. We broadly agree with many of the intents and goals and appreciate the vast experience and knowledge of those who work at HWQLD. However, for an action plan, there is very little detail provided regarding how these actions will be implemented, who they will be implemented and funded by, who the stakeholders are, what the key measures of achievement are and what the timeline is. The concerns raised in this survey response should signal to HWQLD to focus the goals and scope of the plan into specific, achievable and evidence-based interventions for the short timeline provided. The following submission is structured according to the consultation survey questions as provided by the Health and Wellbeing website.

PHAA Response to the Queensland Obesity Prevention Strategy Consultation Survey

Question 1. To what extent do you agree with the VISION of the Strategy?

Agree. However, we suggest changing order of words so that is “enable and encourage” rather than “encourage and enable”. This will assist with shifting the narrative away from individual responsibility and toward collective responsibility that includes both industry and government responsibility for overweight and obesity in Queensland. The current vision again focuses on the individual and how they need to change, rather than the system’s need for change.

Question 2. To what extent do you agree with the GOAL of the Strategy?

Agree. However, it is worth considering that the existing ‘systems’ of some of the strategic opportunities noted in the document are a problem in themselves. For example, the Olympic and Paralympic Games bring with them exclusive opportunities for multinational industries to heavily promote, advertise and sell unhealthy products such as sugary drinks and junk food. Given that only the exclusive few will participate in the physical activity of the games and the majority of Queenslanders will only watch, this immediately creates an environment unsupportive of healthy weight.

It is important that the text be more specific on what needs to change within the system that has the biggest impact on the health of Queenslanders. For example, currently, there are still no accessible and specialist classes in public gyms for clinically obese exercisers at an affordable price. Also, there is no sugar tax introduced as yet in QLD and/or Australia. We agree that systems which do not support a healthy weight must change. Even if this system disruption is politically unpopular among certain advocacy groups.

Question 3. To what extent do you agree with the GUIDING PRINCIPLES of the Strategy?

Agree. The strategy has created the appropriate guiding principles.

Equity: Social and environmental determinants of health are well documented factors which influence people’s behaviours. However, we also urge the Strategy to acknowledge the commercial determinants of health. According the World health Organization, these are “the private sector activities impacting public health, either positively or negatively, and the enabling political economic systems and norms.” The same is

true for the political determinants of health, which could be incorporated here.

Systems Thinking: Again, it's an important principle, but stakeholders are not defined when mentioning 'working collaboratively'. Local communities need to be part of the solution both urban and rural Queensland. Currently, integration of system across governmental section is not working well.

Evidence and Data: We agree that using data is imperative to improving the systems and they should drive policy and investment in services to achieve effective change.

Innovation and Learning: Again, the statement is very vague and therefore not actionable. There are already many good solutions out there to tackle the obesity crisis, we just need to implement them in Queensland.

Sustainability: Again, this is very vague. Sustainability is key to long term successful management of obesity across the lifespan. This requires improving access to services that are integrated for all those living with obesity.

Question 4. This action plan aims to establish strong foundations for change. To what extent to you agree that the foundational actions are realistic and achievable for this two-year period?

Disagree. Long serving PHAA members in food and nutrition express regret for a "long list of strategies in Australia" that aim to address obesity and chronic disease and have not succeeded (e.g. Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy [1995] Acting on Australia's Weight [1997], Healthy Weight 2008, Eat Well Australia [2000] and Eat Well Queensland [2002], Eat Well, Be Active – Healthy Kids for Life [2005], Queensland Strategy for Chronic Disease [2005]). Most of the previous strategies went by the wayside because of lack of funding (or funding suddenly withdrawn) and a lack of political commitment to prevention. This action plan is very unrealistic for the time frame given, which may cause a similar issue in terms of funding and ability. While Health and Wellbeing Queensland has many experienced and committed staff, the amount of activity suggested would require a massive injection of funding and staffing to achieve. Additionally, working with other government departments, different levels of government, industry and communities takes time; more likely 10-15 years than 2 years. Also, there is no measurable component of the suggested actions. How will you know you have achieved what is planned? Perhaps there needs to be a breakdown of these ideas into categories like "plan", "initiate" and "implementation" with an extended timeline.

Question 5. To what extent do you agree with the foundation actions identified in the Priority Focus Area 1 - Drive collaborative leadership for obesity prevention across government? This focus area aims to demonstrate collective leadership and collaboration across government, sectors and society to drive meaningful action.

Somewhat agree. The concept is good, but again, there is not enough detail provided to understand how this may be achieved in a short time span. For example, some suggested actions require the involvement of other levels of government (e.g., neighbourhood planning) but groups such as the LGAQ have not been identified as collaborative partners. We fully support the progressive concepts presented in this action plan, however there needs to be specific actions, outlines, funding sources and measurable outcomes for these concepts to result in meaningful actions.

Question 6. To what extent do you agree with the foundation actions identified in the Priority Focus Area 2 - Disrupt unhealthy environments? This focus area aims to lead policy change and influence industry and private sectors to improve access to healthy and sustainable food and a strong and equitable physical activity system.

Disagree. We discourage further attempts for HWQLD to rely on private sectors and industry influence to improve access to healthy and sustainable food and physical activity system. As per the capitalist structure

of Australia's economy, profits are the priority when businesses are making decisions, not health impacts. Considering the purpose of this plan is to address rising obesity rates, it may not be out of place to suggest that self-regulation, collaborative and collective action with industry has thus far, not been as impactful as originally hoped. We have concerns that such industry influence has prevented the implementation of interventions widely supported in the literature, such as a sugar tax, or a ban on fast-food advertising aimed at children. An example of the self-regulatory approach being so far unsuccessful is the Healthy Food Partnership (mentioned under action 2.3). This has achieved little since its establishment. Instead, we encourage HWQLD to support and promote the existing, unprocessed, health and wellness foods available (i.e., fruit and vegetables), rather than looking to expand the industry (action 2.4) or continue to rely on ineffective interventions. It is time to regulate on issues such as unhealthy food and drink marketing to children and more broadly in the community, introduce a levy on sugary drinks, subsidise the cost of fruit and vegetables, introduce a health warning front of pack label system and make the Health Star Rating mandatory. This is the only and the proven way to shift systemic barriers to healthy living for all Queenslanders.

Furthermore, disrupting unhealthy environments requires redesign of infrastructure in communities. We appreciate this has been acknowledged in the Strategy, but again, there is not enough detail provided as to a timeline, funding, identified stakeholders, nor a plan to implement these positive changes. Specific changes that should be added include building a sustainable transport network – off road bike lanes, reduced car parking, improved access to parks, walkable cities and so on. Also, as the effects of climate change become more prevalent, physical activity systems should be climate ready. People living with obesity are even at a much higher risk of heat related illnesses, therefore need exercise spaces where they can exercise safely. Many parts of Queensland are already too hot for sustained outdoor exercise. We urge Health and Wellbeing Queensland to provide a clear and practical timeline as to how such important interventions will be implemented.

Question 7. To what extent do you agree with the foundation actions identified in the Priority Focus Area 3 - Foster local and community-led solutions? This focus area aims to empower communities to deliver local change through co-design and investment.

Agree. We strongly believe that community-led solutions are an integral part of the system change HWQLD sets out to achieve. It should be acknowledged that this would require the involvement of more than HWQLD and Department of Tourism, Innovation and Sport, especially for Aboriginal and Torres Strait Islander communities, but also local councils and community groups. It is an excellent idea, but again the stakeholders and funding need to be specified in the plan to allow for the best chance of these important ideas being implemented.

Question 8. To what extent do you agree with the foundation actions identified in the Priority Focus Area 4 - Empower children, young people, families and adults to make healthy choices? This focus area aims to invest in healthy lifestyle programs, reduce barriers and increase opportunities for healthy eating and physical activity.

Agree. We thoroughly support the notion of empowering all Australians, especially those at a young age to make healthy choices. We also agree that part of this empowerment should involve the reduction of barriers to seeking healthy choices and the regulation of commercial interests.

For instance, under action 4.3, while reducing the cost barrier to involvement in organised sport for families is important, it is just as important to regulate the promotion and sale of unhealthy food and drink items in community sports organisations as well. For example, sponsorship of teams by the likes of fast-food companies, means young children are rewarded for their participation in sport with vouchers for unhealthy food and drink. Also, they are exposed to marketing from unhealthy food and drink companies via logos on

jerseys and advertisements at the sports ground. Of course, like schools, often such companies are also located very near to school sports fields to make it even easier to tempt children and families to eat there after sporting fixtures. Such commercial interests must be regulated as to where they may advertise and where they may place their establishments.

Furthermore, equitable access is not addressed in the plan. There needs to be local council initiatives that keep exercise and physical activity sessions local, for instance, so that those in rural communities don't have to travel great distances for soccer training or other activities. These opportunities need to be affordable and accessible for all. People living with obesity are often initially ashamed to exercise with others but building a community exercise initiative will help them to engage. Again, social determinants of health, such as access to facilities and resources need to be addressed.

Question 9. To what extent do you agree with the foundation actions identified in the Priority Focus Area 5 - Support and inspire Queenslanders? This focus area aims to create a positive social dialogue about health and wellbeing, and enable better access to credible information through tailored, relevant and integrated communications and engagement.

Agree, but social marketing campaigns require significant funding as well as existing supportive environments to enable people to act on the messaging. Addressing the social, commercial, cultural, political, environmental, and economic determinants of health is vital to the success of any social marketing campaign.

System changes are also required including changing advertising laws to achieve this. Children in Australia aged 5-8 years old on average who watches 80 minutes of TV each day, are exposed to about 827 ads each year. Fast-food advertising aimed at children must be banned.

Question 10. To what extent do you agree with the foundation actions identified in the Priority Focus Area 6 - Empower healthcare professionals? This focus area aims to build prevention and healthy weight capacity and capability of healthcare professionals.

Agree. This is a very important focus, but again it requires significant workforce increase, especially in the allied health area, where specialists training should be provided to meet the needs of those living with obesity. Currently, most healthcare professionals are not equipped to address and then refer Queenslanders living with obesity. There are no specialist classes available at an affordable price. We urge for HWQLD to focus on the expansion of the workforce and ensuring that there is a diversity of skills to address the multiplicity of co-morbidities associated with obesity.

Question 11. To what extent do you agree with the foundation actions identified in the Priority Focus Area 7 - Improve access to better support and services? This focus area aims to enable access to prevention, early intervention and healthcare services that are affordable, accessible and supportive.

Agree. This can be done at within the time limit of two years, by reorientating and reorganising services locally and with community support. This requires sustained investment from the government and local councils.

Question 12. Do you think this strategy and action plan is responsive to the needs of Queensland?

As it stands, it is unlikely to make any more difference than all the strategies and action plans that have been developed previously. This strategy is well intended, and we applaud many of the aspirational proposals, however we are concerned about the plausibility of achieving these ideas without sufficient

details and the current levels of staffing and funding in the industry. Most of the focus areas are not specific enough for them to be actionable and measurable, in terms of outcomes. The system change requirements are too large to achieve within the time limit.

However, what can be done in two years, is changing some of the laws around unhealthy food advertisement – watershed- for kids. Taxing unhealthy food, including the introduction of sugar tax. In terms of exercise, reorientating services that help Queenslanders living with obesity to access specialist exercise classes at an affordable price. Also improve off road bike routes within the city and also in rural areas – covered and solar panelled routes for electric bikes. Also, introduction of new technologies of monitoring health when struggling with portion sizes and so on.

Question 13. Please provide any additional comments you have on the draft strategy and action plan, including if there is something that you would like to see in the two-year foundational action plan (2023-2025) that has not been captured?

We would like to see an introduction of local exercise classes specifically designed for those living with obesity (not overweight). These need to be accessible and affordable, with specialist equipment and infrastructure with it. For example, reinforced WCs, no turnstiles, two instructors monitoring health in the class, suitable bikes and other equipment to those carrying extra weight (e.g., bike seats, range of motion in terms of pedal and so on) and the training of healthcare professionals to provide such a service safely and locally. We also call for a ban on junk food advertising to kids and a sugar tax implemented on unhealthy foods.

Question 14. The Queensland Obesity Prevention Strategy (2023-2032) and Strengthen (2023-2025) Action Plan is a working title. We are seeking a new name for the strategy that will inspire future generations and provide a platform for its implementation.

The name is of less importance than the ensuring of bipartisan support for funding and implementation. Should there be a change of government at the next election, HWQLD needs to be assured a change of Government would not dismantle the staff and funding required to underpin this work.

Can we include quotes from your responses in communication materials related to the strategy and the action plan? If you say yes, we will make sure you cannot be identified (that nobody can tell who you are from what is written).

Yes

Conclusion

PHAA supports the broad directions to reduce the prevalence of obesity in Queensland. However, we are keen to see true and meaningful policy be created line with this submission. We are particularly keen that the following points are highlighted:

- Provide a clear and practical timeline of the proposed actions.
- Outline what agencies will be involved in each action and how the funding will be supplied.
- Create performance indicators so that outcomes may be measured.
- If this plan will be addressed in a 2-year timeline, be discerning about which actions to implement. Use the plethora of existing literature to guide evidence-based, effective policies.
- Address equitable access to exercise opportunities and healthy food options.
- Ban fast-food advertising aimed at children.
- Implement a sugar tax.

The PHAA appreciates the opportunity to make this submission and the opportunity to express our concerns and recommendations for the Queensland Obesity Strategy Consultation.


Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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