Queensland Obesity Prevention Strategy 2023-2032

Strengthen 2023-2025 Action Plan

(working title)

*Consultation Draft – 24 October 2022*

**Acknowledgement of Traditional Owners**

Health and Wellbeing Queensland respectfully acknowledges and recognises Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of the lands, winds and waters where we live, learn and work.

We pay our respects and acknowledge the important role of Elders, past and present, for they hold the memories of the traditions, cultures and aspirations of Australia’s First Nations peoples, and have taken on the responsibility to protect and promote their culture and leave a legacy for future Elders and leaders.

We acknowledge any Sorry Business that may be affecting individuals, families and communities.

We promise to be respectful, take our lead from the community and walk together with Aboriginal and Torres Strait Islander peoples, communities and organisations in our journey to better health.

We recognise that Aboriginal and Torres Strait Islander culture is rich and diverse and that we, as an agency, have a responsibility to facilitate efforts that account for this to ensure equity for all.

We celebrate Aboriginal and Torres Strait Islander history, in particular the strength, resilience and courage which has occurred over time and now inspires current and future generations to create a healthier Queensland.

We recognise and support the Queensland Government’s first Closing the Gap Implementation Plan released in August 2021, Queensland Government’s Reconciliation Action Plan 2018–2022 and *Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033.*

**Recognition of Australian South Sea Islanders**

Health and Wellbeing Queensland formally recognises the Australian South Sea Islanders as a distinct cultural group within our geographical boundaries. We are committed to fulfilling *the Queensland Government Recognition Statement for the Australian South Sea Islander Community* to ensure that present and future generations of Australian South Sea Islanders have equality of opportunity to participate in and contribute to the economic, social, political and cultural life of the State.

**Recognition of a multicultural and diverse Queensland**

Health and Wellbeing Queensland recognises and supports the *Queensland Government’s Multicultural Recognition Act 2016* *and Multicultural Queensland Charter (2017)* and is committed to engaging in activities that support and develop health promotion and improve the health of all Queenslanders, regardless of culture, language, faith or age.

Health and Wellbeing Queensland also values and is committed to universal inclusion of Queensland’s lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ+) community and supports the *Queensland public sector LGBTIQ+ inclusion strategy*. We pay our respects and offer our deep thanks to those who have worked to improve the health and wellbeing of LGBTIQ+ communities.

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| *Acknowledgements and Foreword will be developed for inclusion in the final version of the Strategy and Action Plan. This will include perspectives from people living with higher body weight.*  *Quotes from consumers and key stakeholders highlighting insights from the consultations will be added to relevant selection throughout the document.*  *Case studies on existing initiatives will be considered for inclusion.*  *Images/photos and infographics will also be added.* |

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Introduction

**The *Queensland Obesity Prevention Strategy 2023-2032* (working title) is an ambitious strategy of the Queensland Government to change the systems which are not supportive of healthy weight, and to do more to support Queenslanders living with a higher body weight.**

Honourable Yvette D’Ath, Minister for Health and Ambulance Services unveiled the *National Obesity Strategy 2022-2032[[1]](#endnote-2)* on 4 March 2022, World Obesity Day, as part of the Queensland Government’s commitment to reducing overweight and obesity rates. The *National Obesity Strategy 2022-2032* provides a national framework to help prevent, reduce, and treat obesity in Australia and was developed through the leadership of a national working group represented by states and territories, chaired by the Queensland Department of Health.

Health and Wellbeing Queensland (HWQld) has continued Queensland’s leadership with the development of the *Queensland Obesity Prevention Strategy 2023-2032* (working title)*,* a foundational Action Plan (2023-2025) and a Measuring Change Framework.

The strategy will be delivered as a phased and considered approach to system change across a 10+10 year timeframe – ten years to bolster existing initiatives and innovative approaches to create systems change and ten years to consolidate and realise the benefits. The first ten years of this strategy will focus on driving change across three phases, each supported by an action plan:



There is much change already underway, and the 2023-2025 Action Plan focusses on leveraging the infrastructure, investment and initiatives that exist in Queensland, whilst working across government and partnering with community and industry to create the conditions to support innovative change in subsequent plans.

The strategy was co-informed and co-developed with just under 1,000 stakeholders[[2]](#footnote-2) across government, community and health sectors, industry and with consumers – to reflect Queensland’s diverse population and unique challenges and needs. Additionally, HWQld undertook a rapid review of published data on the impact of COVID-19 on population diet, physical activity, and related determinants of health, building on the foundation of two rapid reviews undertaken for the development of the *National Obesity Strategy 2022-2032*.

In addition to the state-level actions outlined in the 2023-2025 Action Plan, HWQld is co-chairing the National Obesity Strategy working group which has been convened to identify joint priorities and actions that require a national approach and collaboration across the commonwealth, states and territories.

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| **Shifting the narrative on obesity****[[3]](#endnote-3)**  It is acknowledged that weight stigma and discrimination is pervasive. As language used when communicating about obesity can play a big role in shifting the focus away from stereotypes, myths and stigma; the following weight related terminology is used in the strategy:   * At a population level and when reporting statistics, ‘overweight and obesity’ or ‘obesity’ is used. * At an individual level, ‘higher body weight’ is used together with person-first language.   There are clear links and interactions between higher body weight, poorer mental wellbeing and disordered eating. Consumers and healthcare professionals working in mental health and disordered eating are important stakeholders for advice and consideration on avoiding unintended negative consequences of obesity prevention and treatment interventions. |

The case for change

In Queensland, the latest measured data shows 66% of adults (2.42 million) and 25% of children (2.48 thousand) are living with overweight or obesity, similar to the national average[[4]](#endnote-4).

Obesity is unfairly distributed. People living in rural and remote and/or low socioeconomic areas and First Nations people experience higher rates of overweight and obesity3.

Overweight and obesity can affect a person’s health and wellbeing, including their mental health, and their social and economic opportunities. It is among the leading risk factors for Queensland’s burden of disease, accounting for an estimated 9.1% (2,700) early deaths and 7.7% of the disability impact in 20153.

A total of 114,400 episodes of care and 305,000 patient days among Queensland hospitalisations were associated with overweight and obesity in 2015–20163. It is estimated that obesity-related illness cost the Queensland healthcare system $756 million in 2015[[5]](#endnote-5). The total financial impact of overweight and obesity on the Queensland economy was estimated to be $11.2 billion[[6]](#endnote-6).

COVID-19 has created significant disruptions, impacting on physical activity and eating behaviours, food costs and supply chains which may have contributed to worsening rates of overweight and obesity. Research in Queensland following the second wave of COVID-19 lockdowns found that 45% of adults reported weight gain, 21% of greater than five kilograms[[7]](#endnote-7).

International studies show lockdown was associated with significant body weight gain among children[[8]](#endnote-8). The rates of weight gain were particularly high among younger participants/adolescents during the initial COVID-19 lockdown[[9]](#endnote-9).

The impact on quality of life, and the burden on the healthcare system and broader economy, can be alleviated through prevention and better support for Queenslanders living with higher body weight. Prevention actions, when implemented well, are more effective, less expensive and have a greater population impact than treating and managing chronic disease, such as obesity[[10]](#endnote-10).

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| **INFOGRAPHIC: Queensland Statistics** |
| * Overweight and obesity is experienced by many Queenslanders   + 2 in 3 adults   + 1 in 4 children |
| * Obesity affects some more than others   + 77% of Aboriginal and Torres Strait Islander adults in Queensland live with overweight and obesity, compared with 65% of other Queenslanders3.   + Adults living in the most disadvantaged areas are 2.3 times more likely to live with obesity[[11]](#endnote-11).   + Obesity rates are 35% higher in regional areas and 39% higher in remote areas, compared to urban areas5. |
| * Maintaining healthy lifestyle behaviours is a common challenge   + 84% of Queenslanders do not meet the Australian Physical Activity and Sedentary Behaviour Guidelines[[12]](#endnote-12).   + 93% of Queenslanders do not meet the recommended daily intake of fruit and vegetables6. |
| * More than 100 different factors contribute to the development of obesity. Most of these are outside a person’s control2. |

Working differently to create change

**Working together across systems**

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| **WHAT IS A SYSTEM?**[[13]](#endnote-13)  A system is a made up of many connected and interdependent parts. Systems can be naturally occurring, like ecosystems, or they can be socially created, such as communities.  Systems vary in size and complexity. They can be small and distinct, like a business, or they can be large and complex, such as the economy.  The places people live, learn, work and play are all influenced by different systems, for example education, healthcare and the government.  **WHAT IS SYSTEMS CHANGE?**[[14]](#endnote-14)  Systems change is the process of addressing the causes of an issue, rather than the symptoms. It requires many different players to work together to make purposeful changes to the structures and mechanisms which make a system work in a particular way, such as polices, practices, networks and mindsets. |
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It has long been recognised that persistent population health challenges are complex to address. In the case of obesity, there is a common misconception that if people simply consumed nourishing diets and were more physically active, the problem would be solved. While poor diet and physical inactivity are contributing factors, population levels of overweight and obesity result from a complex interplay of social, environmental, and economic determinants which are often outside of an individual’s control.

To achieve population health improvements, the root causes need to be addressed. This strategy recognises that health is not just the result of an individual’s decisions but is shaped and dictated by the surrounding conditions in which they grow, live, learn, work and play. It seeks to change the systems which hold obesity in place by co-developing initiatives that influence policies, practices, networks and mindsets.

Mobilising system change that is equitable, dynamic and responsive requires working together across government, community and industry. Investing in strong, collaborative partnerships will ensure that the full breadth of policy, environment and individual level actions are encompassed. It will also strengthen sustainability and ownership of actions.

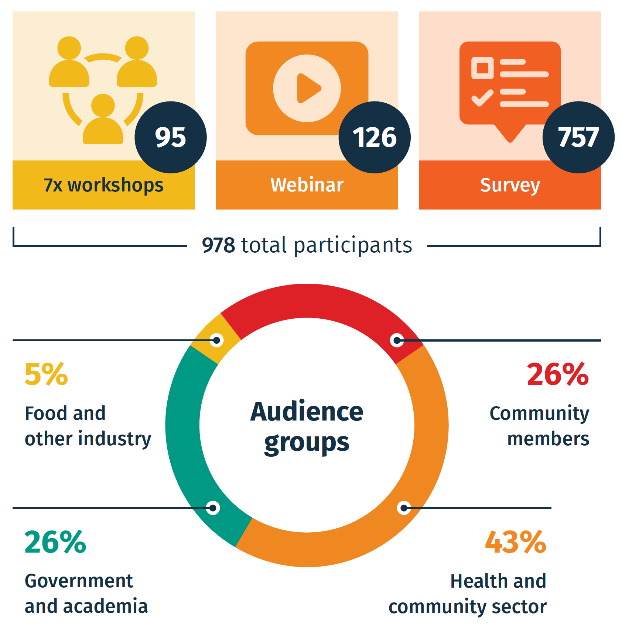
**Leveraging strategic opportunities for system change**

Aligning thinking, strategies and initiatives connects the parts of the system and amplifies action. In Queensland the key opportunities include:

* **Brisbane 2032 Olympic and Paralympic Games** – the Legacy Program will span a similar timeframe to this Strategy as it seeks to realise two decades of opportunity. Action under this Strategy must seek to maximise the legacy benefits for all Queenslanders.
* **Integration with national strategies and reform** – including the *National Obesity Strategy 2022-2032,* *National Preventive Health Strategy 2021-2030*, the *National Health Reform Agreement* prevention and wellbeing stream and the *National Agreement on Closing the Gap.*
* **Considerations for a Wellbeing Economy** – there is an opportunity with the movement to bring wellbeing into the centre of how people think about purpose, value and development to create an economy that values human wellbeing, equity and planetary health. This can help to build a society that is more just, inclusive, equitable and sustainable, where everyone can benefit from healthy lifestyles.

What matters to Queenslanders

**The Queensland community supports the Queensland Government’s commitment to working together to deliver system change**

To ensure this strategy reflects the voice of Queenslanders, HWQld undertook a broad engagement process, hearing from:

* people with lived experience of higher body weight
* the health and community workforce in metropolitan, regional and rural Queensland
* government departments and industry stakeholders.

During the public consultation in June and July 2022, common themes highlightedthe need to:

* Address **equity** at a systems level to make healthy food, physical activity and healthy environments more accessible
* Demonstrate **government leadership and collaboration** to drive action and policy change and influence industry and private sectors to improve healthy food and drink availability
* Drive **local and community-led solutions** through co-design and investment
* **Educate and build capacity** to improve healthy lifestyle behaviours, with inclusive and positive messaging to help reduce weight stigma.

The key priorities for Queenslanders were identified across the three ambitions of the *National Obesity Strategy 2022-32* and have shaped the development of the 2023-2025 Action Plan.

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| **Create supportive, sustainable and healthy environments** | **Empower people to stay healthy** | **Enhance access to prevention, early intervention and healthcare** |
| * Building more connected and safe community spaces * Actions in school settings * Providing more opportunities for people to participate in physical activity and sport * Making healthy food more affordable * Making sustainable, healthy food and drinks more accessible * Reducing exposure to unhealthy food and drink marketing and promotion | * Improving children’s healthy eating and physical activity habits * Building awareness of and addressing social determinants of health * Supporting local communities to lead their own solutions * Education, including building knowledge and skills | * Improving access to healthcare services * Improving models of care * Training and capacity-building for health professionals |

A healthier future for Queenslanders

**A future where government partners with communities, community and health sectors and industry to enable healthy weight and healthy living for all**

The Queensland Government is committed to building a future where all Queenslanders are as healthy as they can be. That is why this strategy has adopted the ambitions and aspirational targets from the *National Obesity Strategy 2022-2032* and the *National Preventive Health Strategy 2021-2030* to:

* halt the rise and reverse the trend in the prevalence of obesity in adults by 2030
* reduce overweight and obesity in children and adolescents aged 2-17 years by at least 5% by 2030.

To achieve these ambitious targets, a sustained and integrated approach to system change is required. This strategy will bring government, communities, community and health sectors and industry together to align priorities, energise and engage across sectors, and ultimately to change systems that are not supportive of healthy weight.

By working together, it is possible to create change and build a future where all Queenslanders:

* live, learn, work, play and age in supportive, sustainable and healthy environments
* are empowered and skilled to stay as healthy as they can be
* have access to prevention, early intervention and supportive healthcare.

To achieve this vision for a healthier Queensland, attention needs to be paid to the inequities in health outcomes across the population. These inequities are usually socially produced, systematic in their distribution, avoidable, unfair and unjust. Government needs to work collectively and in partnership to assess and redress systemic disparities in power, resources, opportunities, and participation so that social conditions enable all communities, families and individuals to flourish.

Strategy at a glance

This is the strategic framework for achieving the vision of a healthier Queensland. The framework sets out the ambitions for change, adopted from the *National Obesity Strategy 2022-2023*, as well as the five principles which will guide decision-making and collective action.

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| **VISION** |
| For a Queensland that encourages and enables a healthy weight and lifestyle for all |

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| **GOAL** |
| Change the systems that are not supportive of healthy weight and do more to empower and support people living with a higher body weight |

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| **AMBITIONS** | | |
| **Create supportive, sustainable and healthy environments**  All Queenslanders live, learn, work, play and age in supportive, sustainable and healthy environments | **Empower people to stay healthy**  All Queenslanders are empowered and skilled to stay as healthy as they can be | **Enable access to prevention, early intervention and healthcare**  All Queenslanders have access to prevention, early intervention and supportive healthcare |

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| **GUIDING PRINCIPLES** | | | | |
| Equity | Systems thinking | Evidence and data | Innovation and learning | Sustainability |
| We will apply an equity lens, address underlying determinants of health and use targeted interventions | We will work collaboratively to shift policies, practices, networks and mindsets | We will prioritise action and investment to deliver meaningful impact, informed by research, data and consumer insights | We will use contemporary and innovative approaches and support collective learning | We will work together to build a brighter future by adopting and supporting sustainable practices and technology |

## Ambition 1: Create supportive, sustainable and healthy environments

Creating environments that make it easier for Queenslanders to lead healthier lives

Over the past several decades, changes to the environment in which Queenslanders live, learn, work, play and age have made it more difficult for people to achieve and maintain a healthy weight. This modern environment has been termed as ‘obesogenic’, an environment that promotes obesity among individuals and populations[[15]](#endnote-15).

For example, energy dense and nutrient-poor food and drinks are heavily promoted, available almost everywhere, and in some instances are cheaper than healthier alternatives[[16]](#endnote-16). Advances in technology and the mainly sedentary nature of work and leisure activities means people don’t move as much[[17]](#endnote-17).

Previous obesity prevention interventions in Queensland and Australia have largely focused on individual-level approaches to promote healthy choices. These approaches are insufficient without also addressing the factors that are contributing to the modern 'obesogenic' environment; including physical, economic, political, commercial, social and cultural factors.

Government has a crucial role to lead collaboration across agencies and to partner with community and health sectors, industry and consumers to create environments and social conditions that encourage and nurture healthy lifestyle behaviours. Across government, obesity prevention must be considered by all policy makers, both within health and broader portfolios.

Actions are required in the various settings where people live and interact each day, including in schools, early childhood education and care services, sport and recreation facilities, transport networks, retail stores, workplaces and local neighbourhoods.

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| The future for Queenslanders |
| All Queenslanders live, learn, work, play and age in supportive, sustainable and healthy environments |
| **Key priorities** |
| * Drive collaborative leadership in obesity prevention across government, community and industry to deliver collective action * Shift systemic barriers and create environments and conditions that make it easier for Queenslanders to lead healthier lives |
| **The next ten years – what will be different** |
| * Healthy, culturally appropriate and affordable food will be accessible for everyone * Physical activity opportunities will be convenient, affordable and safe for everyone * Institutions, workplaces and facilities will provide access to healthier food and drinks, promote physical activity opportunities, and reduce sedentary behaviour * Communities and neighbourhoods will be activity friendly for everyone, with easier access to local outdoor recreation and active travel opportunities * Cross-sectoral leadership and collaboration will be in place to improve food security, particularly for First Nations people in remote communities * Queenslanders will have great access to healthy food and drink options across a range of settings including healthcare, schools, sport and recreation facilities, retail stores, and workplace settings * Queenslanders will be exposed to less unhealthy food and drink advertising |

## Ambition 2: Empower people to stay healthy

Building knowledge, skills, strengths and community connections to support healthy weight, healthy eating and physical activity

Whilst physical environments and social circumstances have a large impact on an individual’s healthy lifestyle behaviours, people are more likely to make healthy choices when they are enabled and empowered to do so. People who are empowered have the authority, opportunity, motivation and resources to apply their knowledge and skills to stay healthy.

Communities that foster the conditions that enable healthy choices to be within the reach of everyone are essential to empower people and reduce health inequities across Queensland. The community response to COVID-19 has shown what can be achieved when people join together in common purpose. People and communities are creative and resourceful in addressing challenges. Local solutions are central to empowering people to stay healthy and to make healthy choices.

People need to have knowledge, skills (such as cooking and physical activity and movement skills), motivation and support available to make healthy choices. It is important that these food literacy skills and physical literacy skills are developed from a young age and that there is ongoing education and skill-building to help people to make informed decisions and adopt healthy lifestyle behaviours throughout their life.

People’s behaviours are also shaped by community and cultural influences, and social norms. Shifting these influences and norms can change people’s attitudes and motivate them to eat and drink healthier food and be more active. Some mass media campaigns aimed at changing health-related behaviours at the population level have been effective when sustained and integrated with broader prevention initiatives1.

Delivering evidence based, consistent messaging through social marketing and media campaigns, including tailoring messages to priority population groups, can help to ensure that people have access to practical and relevant information that supports and inspires them to eat well and be physically active.

It is also critical that steps are taken to create positive and respectful conversations about weight. Unconscious or intentional weight bias and stigma results in people being treated differently or unfairly because of their weight. The language used when communicating about weight can perpetuate stereotypes, myths and stigma. It is important to address all the causes of obesity and increase awareness that obesity is a complex condition influenced by many factors, beyond personal responsibility2.

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| The future for Queenslanders |
| All Queenslanders are empowered and skilled to stay as healthy as they can be |
| **Key priorities** |
| * Foster local communities to co-design and deliver healthy eating and physical activity programs and services that are responsive to local area needs and priority population needs * Empower children, young people and adults with knowledge, skills and confidence to make healthy choices * Support and inspire Queenslanders through tailored, relevant and integrated communication and engagement * Create a positive social dialogue about health with positive, inclusive and respectful weight-related messaging and imagery |
| **The next ten years – what will be different** |
| * Communities are connected and learn from each other to co-design and deliver programs and services focused on healthy eating and physical activity that meet the needs of people (particularly priority populations) * Children, young people and adults are equipped with physical literacy and food literacy skills that helps them to make healthy choices * More children, young people and adults adopt healthy eating behaviours and participate in physical activity, including sports, recreational activities and incidental activity * Children, parents, carers and families are supported to build better health and lifestyle behaviours (healthy eating, physical activity and sleep) together * Queenslanders have access to evidence based, consistent healthy lifestyle information, that is shaped by consumer insights and tailored for priority populations * Media professionals are supported to provide positive, balanced messaging and language about weight |

## Ambition 3: Enable access to prevention, early intervention and care

Strengthening prevention and healthcare services to support people living with or at greater risk of higher body weight

In addition to creating healthier environments and empowering people to stay healthy, more needs to be done to support Queenslanders living with or at risk of higher body weight.

Everyday thousands of Queenslanders interact with the health system, and these encounters provide an opportunity for healthcare professionals to practice preventive care, identify patients living with or at risk of higher body weight and discuss healthy lifestyle behaviours and treatment options.

However, healthcare professionals often lack the confidence, skills and time to sensitively raise, discuss, access and refer their patients to appropriate programs, behavioural support, and where necessary, pharmacological and/or surgical interventions.

Education and training to upskill current and emerging healthcare professionals is needed to ensure patients receive timely, evidence based support without weight stigma or discrimination. Healthcare professions to be targeted for training includes doctors, nurses, midwives and allied health (such as dietitians, psychologists, physiotherapists, exercise physiologists and pharmacists). Reach of training to the broader healthcare workforce can be expanded over time.

Given the complex nature of obesity, treatment requires care coordination and embedded referral pathways across health and social settings.

Greater health system prioritisation of services for people with higher body weight is needed to overcome the current inequities in access to evidence based treatment services for Queenslanders including behavioural support, pharmacotherapy and surgical interventions.

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| The future for Queenslanders |
| All Queenslanders have access to prevention, early intervention and supportive healthcare |
| **Key priorities** |
| * Build the capacity and capability of healthcare professionals to provide prevention, early intervention and supportive healthcare for people withliving with or at risk of higher body weight * Improved access to better integrated support and services that are affordable, accessible and without weight stigma or discrimination |
| **The next ten years – what will be different** |
| * Queenslanders will be more confident to better engage with their healthcare professional about their wellbeing and weight and have easier access to prevention programs, supportive care and effective treatment options * Healthcare professionals will understand the complexity of obesity and how to practice in a manner that is sensitive and motivating for people living with or at risk of higher body weight * Healthcare professionals will have the language and tools to be better supported to enable people living with or at risk of higher body weight to adopt healthy lifestyle behaviours, and access supportive healthcare * Cross-sectoral leadership and governance will be in place to drive the expansion of integrated healthcare services for healthy weight in Queensland * Shared healthcare leadership and coordination will improve continuity of care between health settings for the prevention and management of obesity * Stronger and coordinated state and national advocacy will result in greater healthcare funding for effective obesity treatment services |

Framework for the 2023-2025 Action Plan

The *Strengthen 2023-25 Action Plan* sets out the priorities and actions for the first two years under each of the ambitions of the *Queensland Obesity Prevention Strategy 2023-2032* (working title). It also identifies the lead (in bold) and contributing agencies responsible for delivering each action.

The actions which underpin each of the seven priority areas have been informed by:

* a statewide consultation process, including what were the priorities for Queenslanders
* the *National Obesity Strategy 2022-2032*, including a robust evidence and best-practice review
* emerging evidence review of the impacts of COVID-19 on nutrition, physical activity and obesity-related determinants of health
* existing policy, program, and partnership opportunities and initiatives across government agencies.

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| **Ambitions** | **Priorities** |
| **Create supportive, sustainable and healthy environments** | 1. **Drive collaborative leadership for obesity prevention across government**   Demonstrate collective leadership and collaboration across government, sectors and society to drive meaningful action |
| 1. **Disrupt unhealthy environments**   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 |
| **Empower people to stay healthy** | 1. **Foster local and community-led solutions**   Empower communities to deliver local change through co-design and investment |
| 1. **Empower children, young people, families and adults to make healthy choices**   Invest in healthy lifestyles programs, reduce barriers and increase opportunities for healthy eating and physical activity |
| 1. **Support and inspire Queenslanders**   Create a positive social dialogue about health and wellbeing and enable better access to credible information through tailored, relevant and integrated communications and engagement |
| **Enable access to prevention, early intervention and healthcare** | 1. **Empower healthcare professionals**   Build prevention and healthy weight capacity and capability of healthcare professionals |
| 1. **Improve access to better support and services**   Enable access to prevention, early intervention and healthcare services that are affordable, accessible and supportive |

Strengthen 2023-25 Action Plan

## Create supportive, sustainable and healthy environments

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| **Priority 1:**  Drive collaborative leadership for obesity prevention across government | 1.1 | Encourage and influence cross-sectoral policies across government to address the upstream determinants of health, support healthy environments and promote healthy lifestyle behaviours | **HWQld** | |
| 1.2 | Strengthen and drive a healthy schools agenda for healthy eating and physical activity by establishing mechanisms for shared leadership and collaboration | **HWQld, DoE,** **DTIS** | |
| 1.3 | Collaborate across government, industry and universities to identify and leverage funding and grant programs that support and promote improved health and wellbeing for Queenslanders | **HWQld, DTIS** | |
| 1.4 | Mobilise collective action across government agencies to create and support healthy workplaces in Queensland | **HWQld** *(partner agencies to be confirmed)* | |
| 1.5 | Plan and design neighbourhoods that are activity friendly for everyone, with open spaces and green networks | **DSDILGP,** **DoH,** **OQGA,** HWQld, TMR | |
| 1.6 | Collaborate with the active industry, local governments and other stakeholders to champion use of existing sport and recreation facilities for increased local participation, including community use of school grounds | **DTIS,** DoE | |
| 1.7 | Optimise the journey from paddock to plate by boosting the promotion, accessibility and developmentof healthy fresh food and drink options and production systems | **DAF,** HWQld | |
| 1.8 | Invest in grants to support innovative ideas or approaches that leverage existing knowledge that has high potential to influence health and wellbeing promotion and/or practice and lead to improved, sustainable and equitable health and wellbeing outcomes at the population level | | **HWQld** |
| 1.9 | Support government to partner with university and community stakeholders to identify critical datasets that enable informed decision-making and investment to support communities with the greatest need | | **HWQld, DoH** |
| 1.10 | Develop and implement actions to increase food security in communities experiencing disadvantage, particularly remote First Nations communities | | **HWQld** |

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| **Priority 2:**  Disrupt unhealthy environments | 2.1 | Drive state and national efforts to set higher standards for food and drink marketing and advertising | **HWQld** |
| 2.2 | Develop, align and report on a series of innovative healthy food and drink strategiesin places where Queenslanders purchase food including healthcare, schools, sport and recreation facilities, retail stores, and workplace settings | **HWQld, DoE, DTIS** |
| 2.3 | Improve uptake of Healthy Food Partnership’s national programs amongst Queensland food companies, including the reformulation and serving size programs | **HWQld,** DoH |
| 2.4 | Develop nutritious, affordable food and drink products for high-risk communities, and populations by enabling the growth of health and wellness food industry innovation | **DAF** |
| 2.5 | Build and extend safer and separated networks of pathways for walking and cycling, especially in new developments and around key community destinations, including around schools | **TMR** |
| 2.6 | Make outdoor recreation and active travel more accessible and comfortable, including with lighting, shade provision and quality end-of-trip facilities | **TMR, DTIS,** DSDILGP, OQGA |
| 2.7 | Invest more in public transport infrastructure, services and promotion so using public transport is more convenient, safe, accessible, timely, popular and sustainable | **TMR** |
| 2.8 | Scope the currency of national healthy eating and physical activity guidelines and delivery of accompanying training for the early childhood education and care workforce, to support children and families adopt healthy eating and physical activity behaviours | **HWQld,** DoE, CHQ-HHS |

## Empower people to stay healthy

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| **Priority 3:**  Foster local and community-led solutions | 3.1 | Invest in community-based grants to encourage and support community-led initiatives across Queensland to improve health and wellbeing within the community, with an initial focus on infants, children and young people | **HWQld** |
| 3.2 | Facilitate a network of community groups and organisations who contribute to active and healthy communities to connect, share and learn through the implementation of a co-designed digital platform | **HWQld** |
| 3.3 | Partner with local councils, government departments and community groups to deliver placed-based and community-led initiatives focused on improving healthy eating and physical activity opportunities | **HWQld,** DTIS |
| 3.4 | Engage First Nations people to identify community priorities and support the implementation of locally-led actions to improve healthy eating and physical activity opportunities | **HWQld,** DTIS |

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| **Priority 4:**  Empower children, young people, families and adults to make healthy choices | 4.1 | Fund and drive access to a suite of free and low-cost community-based healthy lifestyle programs in communities across Queensland with a focus on First Nations, rural and remote communities | **HWQld** |
| 4.2 | Expand a whole school healthy eating program that promotes a positive food culture, including connecting students with local farmers and growers to increase opportunities to learn about and eat vegetables and fruit | **HWQld,** DoE |
| 4.3 | Reduce cost as a barrier to participating in sport and active recreation, including through the provision of vouchers to assist children and young people that need it most to participate in organised sport and active recreation | **DTIS** |
| 4.4 | Develop and co-design innovative solutions to support healthy child and family behaviours in relation to healthy eating, physical activity and sleep | **HWQld, CHQ-HHS** |
| 4.5 | Encourage and support flexible and innovative solutions that lead to more Queenslanders being physically active | **DTIS** |

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| **Priority 5:**  Support and inspire Queenslanders | 5.1 | Develop and promote a guide for media and communication professionals to foster positive, inclusive and respectful weight-related messaging and imagery | **HWQld** |
| 5.2 | Deliver and evaluate statewide social marketing campaigns with customised content and strategies for priority populations, to encourage all Queenslanders to eat more vegetables and fruit and be more physically active | **HWQld** |
| 5.3 | Deliver and evaluate a targeted social marketing campaign designed to encourage Queenslanders to re-engage with and participate in community sport | **HWQld, DTIS** |
| 5.4 | Evaluate and build on existing digital platforms that promote healthy lifestyle behaviours, to enable a single point-of-truth where Queenslanders can easily find information and resources | **HWQld** |
| 5.5 | Establish a process for delivering and amplifying across government, consistent internal and external positive and non-stigmatising messaging relevant to healthy lifestyle behaviours | **HWQld** |

## Enable access to prevention, early intervention and care

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| **Priority 6:**  Empower healthcare professionals | 6.1 | Develop a flexible and multi-modal education and training package to upskill current and emerging healthcare professionals to assist clients with healthy lifestyle guidelines and access to evidence based resources and programs | **HWQld,** DoH |
| 6.2 | Expand Clinicians Hub, a digital platform of initiatives, resources and tools to support healthcare professionals in best practice prevention and management of higher body weight across the life course | **HWQld** |
| 6.3 | Develop a Consensus Statement for healthcare professionals on weight related terminologyfor positive discussions about weight and to minimise weight bias, stigma and discrimination | **HWQld** |

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| **Priority 7:**  Improve access to better support and services | 7.1 | Develop and implement a digital solution to make it easier for Queenslanders to access healthy lifestyle programs through the streamlining of referral pathways | **HWQld, DoH** |
| 7.2 | Establish a Prevention Accountability Framework across health sectors to drive integrated healthcare services for the prevention and management of obesity in Queensland | **HWQld, DoH** |
| 7.3 | Trial and evaluate integrated models of care for the prevention and management of higher body weight | **DoH, HWQld** |
| 7.4 | Drive strong advocacy to influence increased and sustained funding of effective obesity management and treatment services including behavioural, pharmacological and surgical interventions | **DoH, HWQld** |

**Making it happen**

Over the coming years, the Queensland Government will work together to ensure a consistent and coordinated approach to action and implementation. While the actions in this strategy can benefit all Queenslanders, there is a need to continue to engage priority groups and stakeholders to inform and co-design targeted actions so that they are relevant to their needs and circumstances. The strategy will be reviewed across the ten year timeframe to ensure that it remains contemporary by reflecting the voice of the Queensland community, using the best evidence as it becomes available, and responding to emerging challenges and opportunities.

**Enablers for change**

The implementation of the strategy and action plans will be underpinned by four enablers that provide the foundations to drive successful action and system change using:

* **Investment in prevention:** securing appropriate and sustained funding to prevent, reduce and treat overweight and obesity and to build workforce capacity across sectors
* **Data intelligence:** utilising shared population data sets to support data-driven and equity-informed initiatives and resource allocation
* **Research:** growing and bolstering research partnerships with a focus on translating prevention evidence into policy and practice
* **Evaluation:** applying a structured approach to measuring change that enables actions and outputs to be adapted for success.

**Governance**

Cross-sectoral and community-centred governance arrangements will be established to oversee the implementation of the strategy and action plans. These governance arrangements will support advice on the delivery of actions, and monitoring, evaluation and reporting against action plans. These arrangements will also facilitate improved coordination within and across government departments. Representation will include lead delivery agencies from across the Queensland Government, key partner organisations, community stakeholders and consumers.

HWQld will facilitate ongoing collaboration at the national level, serving as the co-chair for the national working group. This group has been convened to identify joint priorities and actions that require a national approach and collaboration across the commonwealth, states and territories.

**Measuring change**

**Story of Change**

**If we…** change the systems that hold higher body weight, poor diet and physical inactivity in place by changing policies, practices, networks and mindsets

**Then there will be…** healthy, accessible and inclusive services and environments, and empowered and skilled Queenslanders

**So that…** more people adopt healthy lifestyle behaviours and maintain a healthy weight

**Which will contribute to…** the national target of halting and reversing the prevalence of overweight and obesity

A Measuring Change Framework will be used to systematically measure change, outcomes and impact created through the implementation of the strategy over time. It will be based on a Theory of Change (Appendix 3) which outlines how the actions will influence the systems associated with obesity and contribute to population level outcomes and impacts in the long term.

A structured approach to monitoring and reporting will be applied in a way that facilitates collective reflection, learning and evaluation. This process will enable the strategy and action plans to be adjusted to improve progress towards the desired outcomes over time.

Effective monitoring and reporting processes will enable Queensland to effectively contribute to the measurement of cumulative change for the *National Obesity Strategy 2022-2023* through the Australian Institute of Health and Welfare’s framework for monitoring overweight and obesity in Australia. The indicators and targets outlined in the Framework align with the *National Obesity Strategy 2022-2023* and the *National Preventive Health Strategy 2021-2030.*

Appendices

1. ***National Obesity Strategy 2022-2032* Targets and Measures**

|  |  |
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| Fewer people’s health and wellbeing is impacted by overweight or obesity | * Reduce deaths, hospitalisations, and burden of disease due to overweight and obesity * Reduce individual, health and national economic costs due to overweight and obesity |
| More people maintain a healthy weight | * Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030 * Reduce overweight and obesity in children and adolescents aged 2-17 years by at least 5% by 2030 |
| People increase their consumption of healthy food and drinks and decrease their consumption of discretionary foods | * Adults and children (≥9 years) maintain or increase their fruit consumption to an average 2 serves per day by 2030 * Adults and children (≥9 years) increase their vegetable consumption to an average 5 serves per day by 2030 * Reduce the proportion of children and adults’ total energy intake from discretionary foods from >30% to <20% by 2030 * Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030 * At least 50% of babies are exclusively breastfed until around 6 months of age by 2025 |
| People increase their physical activity and reduce their sedentary behaviour | * Reduce the prevalence of physical inactivity amongst children, adolescents and adults by at least 15% by 2030 * Reduce the prevalence of Australians (≥15 years) undertaking no physical activity by at least 15% by 2030 |

1. **Related strategies**

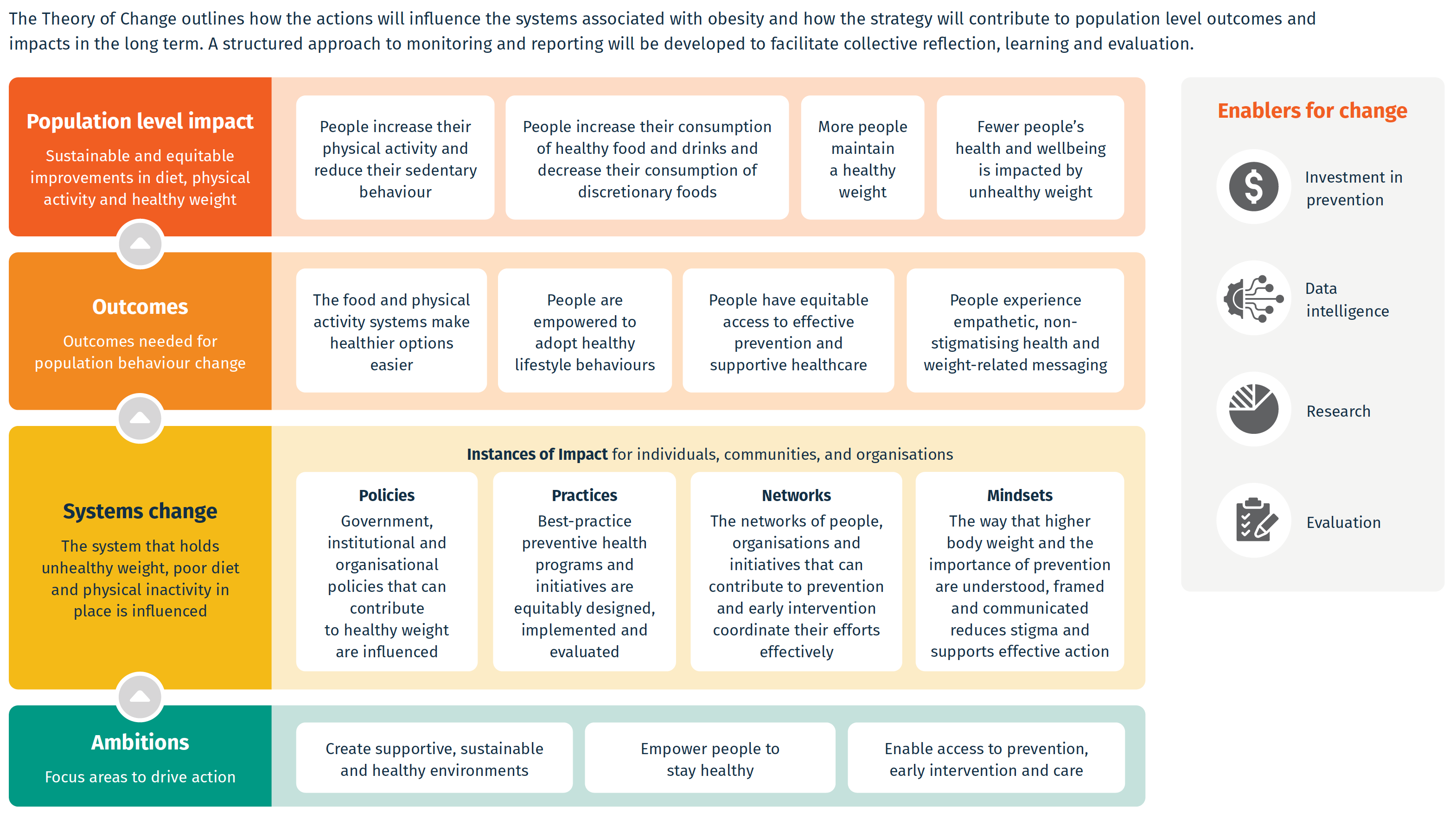
Queensland

* [Queensland Cycling Strategy 2017-2027](https://blog.tmr.qld.gov.au/cycling/)
* [Queensland Walking Strategy 2019-2029](https://www.tmr.qld.gov.au/Travel-and-transport/Pedestrians-and-walking/Queensland-walking-strategy)
* [Activate! Queensland 2019-2029](https://www.dtis.qld.gov.au/__data/assets/pdf_file/0005/1545935/activateqldsportrecreationstrategy.pdf)
* [Closing the Gap Implementation Plan 2021](https://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/work/atsip/reform-tracks-treaty/closing-gap/closing-gap-implementation-plan.pdf)
* [Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033](https://www.health.qld.gov.au/__data/assets/pdf_file/0030/159852/making_tracks_pol.pdf)

National

* [National Obesity Strategy 2022-2032](https://www.health.gov.au/resources/collections/national-obesity-strategy)
* [National Preventive Health Strategy 2021-2030](https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030)
* [National Agreement on Closing the Gap](https://www.closingthegap.gov.au/national-agreement)
* National Reform [Agreement](https://www.health.gov.au/initiatives-and-programs/2020-25-national-health-reform-agreement-nhra)

1. **Theory of Change**



Glossary

**Acronyms**

Lead agencies are indicated in **bold**

* CHQ-HHS: Children’s Health Queensland Hospital and Health Service
* DAF: Department of Agriculture and Fisheries
* DoE: Department of Education
* DES: Department of Environment and Science
* DoH: Department of Health
* DSDILGP: Department of State Development, Infrastructure, Local Government and Planning
* DTIS: Department of Tourism, Innovation and Sport
* HWQld: Health and Wellbeing Queensland
* OQGA: Office of Queensland Government Architect
* TMR: Department of Transport and Main Roads

**Terms and definitions**

**Early intervention** is the provision of support or interventions to a person or family at risk of a higher body weight and for those already overweight, to prevent progression to obesity and a foreseeable decline in their health.

**Food literacy** relates to understanding healthy eating, and being able to plan, select and prepare healthy foods.

**Food security** means all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life.

**Healthy eating** means eating a variety of nutritious foods each day that give you the nutrients you need to maintain your health and reduce the risk of diet-related chronic diseases, in line with Australian Dietary Guidelines.

**Healthy weight** is classified as a body mass index (BMI) of 18.5 to 24.9 in adults.

**Overweight and obesity** is excessive fat accumulation that presents a risk to health. Body mass index (BMI) is a person’s weight (in kilograms) divided by the square of his or her height (in metres), which is a practical and accepted method used to monitor overweight and obesity in populations. An adult with a BMI equal to or more than 25 is considered overweight. An adult with a BMI of 30 or more is generally considered obese, with a BMI of 35 or more as an indicator of severe obesity. Cut-offs may be different for some ethnic populations. In individuals, BMI measurement does not necessarily reflect body fat distribution or describe the degree of fatness in different individuals. Overweight and obesity in children is classified using WHO growth charts and based on standard deviations above the median.

**Physical activity** is any bodily movement produced by skeletal muscles that require energy expenditure. It includes all activities, at any intensity, performed during any time of day or night such as incidental activity, exercise, sports, active recreation, active travel (which includes walking, cycling and other wheeled non-motorised forms of transport).

**Physical literacy** relates to understanding physical, psychological, social and cognitive capabilities to support movement and physical activity, relative to an individual’s situation and context, through the lifespan.

**Primary health care** is often the first point of contact people have with the health system and can include services delivered to individuals by general practice, allied health, social services, community health and community pharmacy and broader population level/public health functions.

**Social inequities** describe the differences in health between groups defined on the basis of socioeconomic conditions, the material, social, political, and cultural conditions that shape people’s lives and healthy lifestyle behaviours.[[18]](#endnote-18)

**Unhealthy food and drinks** also called discretionary food and drinks are energy-dense, nutrient-poor, are high in added sugars, saturated fat and/or added salt and are not necessary for a healthy diet, as described in the Australian Dietary Guidelines.

**Weight management** are a broad range of support, services or interventions for a person or family with a higher body weight that works to prevent further weight gain, support weight loss (if indicated) and help to enhance health and wellbeing. They can be delivered by a range of professionals and peer and/or community supports.

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