

Making Healthy Happen 2032

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**A strategy for preventing
obesity in Queensland**

MAY 2024

Acknowledgement of Country

Health and Wellbeing Queensland respectfully acknowledges the Traditional Owners and custodians of the lands across Queensland. We recognise Aboriginal and Torres Strait Islander peoples and cultures, as two distinctly different groups, that are part of the First Nations peoples of Australia.

We pay our respects and acknowledge the important role of Elders, past and present, for they hold the memories, the traditions, cultures, and aspirations of Aboriginal and Torres Strait Islander peoples across Queensland.

Commitment to Closing the Gap

Making Healthy Happen 2032 will support the Queensland Government's commitment to improving outcomes against the targets of the National Agreement on Closing the Gap.

The Queensland Government is committed to achieving health equity and attaining life expectancy parity by 2031 and we will work together with Aboriginal and Torres Strait Islander peoples, communities and organisations in the journey to better health and wellbeing.

Contribution acknowledgement

Health and Wellbeing Queensland would like to thank all those who participated in the consultation process to develop Making Healthy Happen 2032 (the Strategy). This includes all participants at statewide workshops and webinars; participants who completed online surveys; providers of written submissions; and contributors at meetings and briefings. The input by participants has been instrumental to the Strategy and is deeply valued and greatly appreciated.

Special acknowledgement is due to community members with lived experience of obesity and community members from priority population groups including Aboriginal and

Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people living with disability and people from the LGBTIQ+ community who participated in community discussion panels and focus groups.

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.

Attribution and licence

Making Healthy Happen 2032 was developed by Health and Wellbeing Queensland, stakeholders and the community. It is Queensland's response to the National Obesity Strategy 2022–2032.¹

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Suggested citation

Health and Wellbeing Queensland. (2024). Making Healthy Happen 2032, Brisbane, Australia. Available at: hw.qld.gov.au

Enquiries to info@hw.qld.gov.au



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Disclaimer

Making Healthy
Happen is a **bold** and
ambitious strategy
to create a healthier
Queensland.



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Message from the Minister

I am honoured to present Making Healthy Happen 2032 (the Strategy), as the Queensland Government's response to the National Obesity Strategy 2022–2032.

The health and wellbeing of all Queenslanders is a priority for the Queensland Government. The Strategy outlines our government's framework for collaborative action to prevent and reduce obesity, especially among children and young people.

Health and Wellbeing Queensland has led the development of the Strategy and is leading the coordination across government to drive implementation.

Importantly, the next decade will see the government working in collaboration with a wide range of stakeholders, including consumers, government and non-government organisations, health and social sectors, universities, and industry, to implement the Strategy. The Strategy is informed by extensive consultation and is designed to bring about systemic change to achieve the best outcomes for all Queenslanders.

With the goal of changing systems to prevent, reduce and treat obesity, the Strategy will guide us to:

- make system changes to better support all Queenslanders to maintain a healthy weight, prevent further weight gain and reduce weight in people living with obesity
- develop prevention strategies to create healthy environments and empower people to stay as healthy as they can be
- better embed prevention, early intervention and treatment into our healthcare system and
- change the narrative around obesity to reduce weight stigma.

The Strategy provides an overarching, long-term approach to deliver generational change for all Queenslanders. The causes of, and contributors to, obesity and chronic disease are complex and government action alone is not sufficient to address these challenges. Collaboration and cooperation from a range of stakeholders is crucial for achieving meaningful progress and impact, along with the implementation of complementary actions and innovative ways of working.

As Minister for Health, Mental Health and Ambulance Services, and Minister for Women, I have the privilege of working with world-class, passionate clinicians in our healthcare system with a relentless commitment to improving the lives of all Queenslanders. I'm equally proud to commend Health and Wellbeing Queensland's commitment to prevention, knowing obesity is a significant generational challenge for all Queenslanders.

I look forward to working closely with all stakeholders to create a healthier Queensland, no matter who they are or where they live, now and into the future.

The Honourable Shannon Fentiman MP

Minister for Health, Mental Health and Ambulance Services, and Minister for Women



Our commitment

As a former clinical paediatric dietitian for more than 25 years, I've seen first-hand the health challenges faced by everyday Queenslanders. Sadly, I've also witnessed the economic and emotional impacts of overweight and obesity grow over that time to unprecedented levels.

That's why I'm so proud to lead Health and Wellbeing Queensland and confront this generational challenge head-on.

Achieving this requires a collective effort informed by the needs and preferences of consumers and tailored to the unique characteristics of each of our communities in Queensland. Effective leadership must be integrated, decisive and well-coordinated to drive generational change. Resources must be utilised in a collaborative manner, and planning must be comprehensive and mindful of the complexities of the problem.

The complexity of obesity requires a consistent effort to achieve lasting change. To date, no health system has achieved lasting, positive change at a population level. Making Healthy Happen 2032 is designed with this in mind and aims to change the underlying systems that contribute to obesity through fostering long-term partnerships, constructing health-promoting systems, and utilising evidence and innovation to drive sustainable change.

The Strategy has been informed by ongoing and iterative consultation with consumers and key stakeholders. It is focused in its pursuit of creating a healthier future for our children, reinforcing the Generation Queensland (GenQ) vision to enable this generation and the next to live longer, happier and healthier lives.

We are grateful for the support of all Queensland Government departments and agencies in the development of the Strategy and to the Queenslanders who shared their stories and experiences to shape this work. Health and Wellbeing Queensland is proud to be leading the collective delivery of the Strategy, as we work to drive system change across policy, practice, networks and mindsets for a healthy and fair Queensland.

Finally, I acknowledge Queensland families, who as patients in our healthcare system over generations, have helped reinforce the importance of consumer-led action and planning. The Strategy is for all Queenslanders, to create the change needed to support them to live their longest, most active and healthiest lives possible. That is our promise to Queensland.

Dr Robyn Littlewood

Chief Executive Officer
Health and Wellbeing Queensland



1 Introduction

Reframing the conversation for Queensland

In the process of developing this Strategy we heard from Queensland communities, healthcare professionals and a diverse range of stakeholders. Through these conversations it was clear that language is a powerful tool, and the way we talk about weight and health can have a profound impact on others.

Many people may not be aware of the complex environments contributing to obesity and believe that individuals, solely, are responsible for their weight. Language that reflects this can be harmful as it perpetuates weight stigma, personal blame, and bias.

Weight stigma is the unjust discrimination directed towards people living with obesity (consciously or otherwise). It is pervasive and ever-present in settings such as media, schools, workplaces, healthcare and even families and social circles. Its impact is significant, compromising individual physical and mental health, wellbeing and confidence to seek healthcare.² Tackling weight stigma should be a collective responsibility across government and across society.

Understanding the systems that drive obesity, and shifting mindsets away from personal responsibility and ‘lifestyles’, is the way forward towards meaningful action and addressing weight stigma in Queensland.³

One of the most contentious issues raised throughout consultation is the use of the word ‘*obesity*’. Some people believe that the word ‘*obesity*’ is stigmatising. In developing the Strategy, Health and Wellbeing Queensland undertook a comprehensive evidence review and engaged broadly to deeply understand this issue. Based on this, the Strategy uses ‘*obesity*’ to refer to the medical condition and when reporting statistics.⁴ Within the Strategy, ‘*obesity*’ is used to refer to both ‘overweight and obesity’ for simplicity.

Health and Wellbeing Queensland acknowledges that not everyone will agree with this position. Our consultation and evidence review have highlighted diverse viewpoints on how to talk about obesity, underpinned by complex belief systems and social influences, including lived experience. These perspectives are all important and for this reason, addressing weight stigma will be a key focus of the Strategy. However, it was clear that we are all unified under one ambition—to create better health for Queenslanders. This is the true intent of Making Healthy Happen and we will strive to deliver action that is positive, inclusive and respectful.

When talking about obesity in the Strategy we have framed language with the intent to be:

- **Relatable**, using neutral, person-first language (putting people before the condition, for example people living with obesity), easily explained concepts, and portraying positive and diverse images.
- **Respectful**, including positive language that avoids labels or personal judgement. For example, avoiding language such as ‘people who choose an unhealthy lifestyle’.

Over the next decade, decisive actions will be taken to tackle weight stigma, guided by the insights of those living with obesity and leading experts in the field. The Strategy will empower consumers to take a leading role in defining weight-related language to inform statewide guidelines for health and media professionals.

Definitions for key terms used throughout the Strategy are provided in the Glossary at the end of the document.



The case for change

Overweight and obesity is defined by the World Health Organization as abnormal or excessive fat accumulation that presents a risk to health.⁵

In many cases, obesity is the result of ongoing excessive energy intake (from diet) and inadequate energy expenditure (through physical activity and bodily functions). In addition, poor sleep, chronic stress, mental illness and disordered eating have also been linked with obesity.^{1,6} However, the reality of obesity is not this simple. Genetic, biological, environmental and social factors can all influence a person's weight.^{7,8}

Research commissioned by Health and Wellbeing Queensland in 2022 predicted that life expectancy for children born in the decade from 2023 could **drop by up to 4.1 years** in the general population if nothing is done to reverse obesity rates.

Furthermore, given the large disparity in life expectancy between Aboriginal and Torres Strait Islander peoples and the non-Indigenous population, this gap could worsen. **Aboriginal and Torres Strait Islander children could lose up to 5.1 years from their life expectancy.**⁹

Obesity is a chronic condition that impacts health, wellbeing and quality of life

Chronic conditions, also referred to as chronic diseases, are long-lasting conditions which can have substantial impacts on health and quality of life. In 2021–22, it was estimated that half of the Australian population (50%) have one or more chronic conditions.¹⁰

Obesity, insufficient physical activity and poor diet are common modifiable risk factors associated with chronic conditions. People living with obesity have higher rates of death and illness than people of healthy weight and obesity has been found to negatively impact health-related quality of life in all populations.¹¹

In 2018, 8.4% of Australia's total burden of disease was due to overweight and obesity, making it the second leading risk factor after tobacco use that is impacting health and could have been prevented. Overweight and obesity also contribute to the health burden of a range of chronic diseases, including:

- type 2 diabetes (overweight and obesity was responsible for 55% of the burden of this disease)
- hypertensive heart disease (51% of burden)
- chronic kidney disease (42% of burden)
- coronary heart disease (28% of burden)
- osteoarthritis (28% of burden).¹³

As the burden of obesity and associated health conditions continues to grow, it places increasing and untenable demand on the health system. A total of 114,400 episodes of care and 305,000 patient days among Queensland hospitalisations were associated with overweight and obesity in 2015–16. The leading conditions of these hospitalisations were coronary heart disease, type 2 diabetes, chronic kidney disease, osteoarthritis, and gallbladder and bile duct disease.¹⁴

Obesity affects some people more than others

Across Queensland, the distribution of obesity is unequal. Largely, this is due to unfair systems, barriers and circumstances that make achieving and maintaining a healthy weight especially difficult for some people. These inequities mean that Queenslanders who are most disadvantaged are more likely to be impacted by obesity.¹⁴

Such inequities are the result of a complex interplay of genetic, biological, environmental and social factors which can create barriers to access healthy foods, physical activity opportunities and healthcare services.

For example, for Aboriginal and Torres Strait Islander peoples and some refugee populations, the impacts of intergenerational trauma related to colonisation and forced displacement have significantly impacted health, wellbeing, and weight.¹⁵

Obesity is a major global challenge

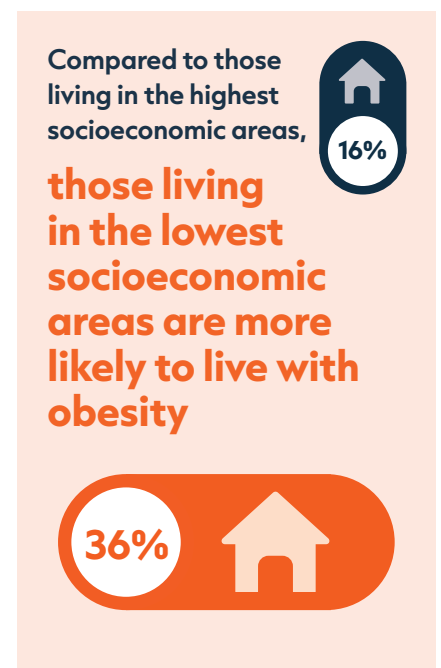
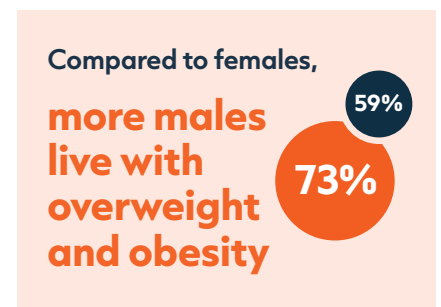
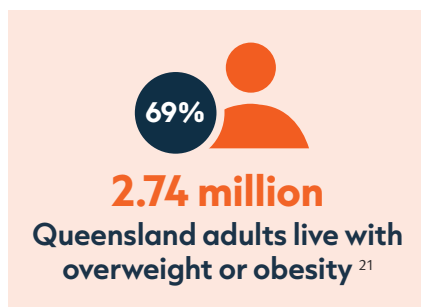
Obesity is an epidemic impacting people of all ages and from all backgrounds. The prevalence (rate) of obesity is increasing in every region of the world and no country has successfully reversed this trend.¹⁶

Obesity is compounded by other major global challenges such as undernutrition, climate change, food insecurity, and the COVID-19 pandemic.^{17,18}

The financial and other costs of obesity and associated health conditions are significant and continue to rise, with major impacts on individuals, communities, the economy, and the environment.^{19,20} Despite this, strong opposition to change from those with powerful commercial interests has slowed progress on policy action.¹⁷

The future health of our people, environment and the planet will depend on taking actions to address obesity within this broader global context.

Obesity in Queensland



Source: Queensland Health¹⁴

A **system** is a collection of interdependent parts. If something happens to one part of the system, other parts will be affected. It is the relationship between the parts that create the system's function with the whole being greater than, and different from, the sum of its parts.²²

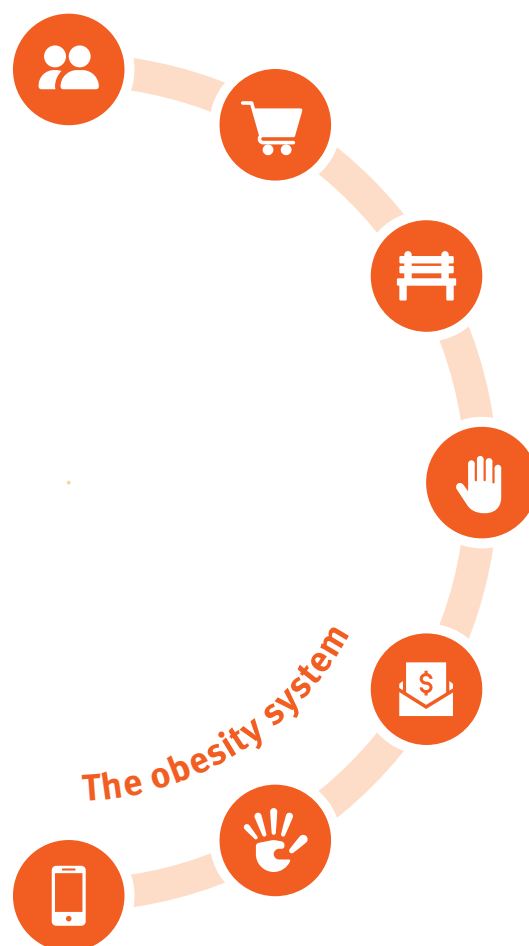
Halting the rise and reversing the trend in the prevalence of obesity requires action both within and beyond the healthcare sector. Understanding and addressing the root causes of obesity is critical to creating real and lasting change.

The places people live, learn, work, play and age are all influenced by different systems, for example, education, healthcare and the government. Obesity is shaped by the complex interplay of these different and competing systems, and the impact they have on our health behaviours. This is why a systems approach is the only way to achieve long-term impact.

Understanding the obesity system

The '**obesity system**' is a term used to describe the complex interplay between factors and drivers that contribute to obesity, including:

- **Social determinants** of health that are comprised of family situations, early childhood circumstances, and support from social connections to housing and working conditions.
- **Commercial determinants** of health that influence health and stem from the profit motive, such as marketing and advertising, corporate political activities (lobbying), corporate social responsibility strategies and supply chains.
- **Environmental determinants** of health that are comprised of the natural and built environments in which we live, learn, work, play and age.
- **Structural barriers to services** such as the cost of services and user fees, the availability of timely and quality services, systemic racism and discrimination, literacy levels and geographic location.
- **Economic determinants** are some of the most influential factors affecting health and wellbeing and include education, employment, occupation, and income.
- **Cultural determinants** of health such as family, kinship and community, beliefs and knowledge, cultural expression and continuity, language, self-determination and leadership, and connection to country.
- **Digital inclusion** which refers to the equal distribution of technology across all social and economic groups. This is increasingly important as digital technology and resources have become an integral part of everyday life.²³



The obesity system is multi-faceted and deeply ingrained in our society. Creating positive change requires comprehensive, collective and sustained action across multiple sectors to address the wider determinants of health. All parts of our community have a role to play in addressing obesity in Queensland.

Mobilising collective action

Complex issues require complex solutions. **Systems change**²⁴ 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 policies, practices, networks and mindsets.

Applying a systems change approach means identifying, implementing and aligning actions across sectors to address the varied and complex drivers of obesity. This approach recognises that the impact of collective action is greater than the sum of individual actions, and can deliver wide-reaching benefits beyond obesity prevention.

While government leadership is critical, the Queensland Government cannot do this alone. This is why we are working to deliver the Strategy in collaboration with all levels of government, communities, non-government, health and social sectors, universities and industry.

Investing in productive, collaborative partnerships will ensure the full breadth of environmental, community and individual benefits are realised.



Chef Matt Golinski and students prepare rice paper rolls.

3 Developing the Strategy



The National Obesity Strategy 2022–2032 was released in March 2022. It was developed through the leadership of a national working group represented by states and territories, chaired by the Queensland Department of Health. This national strategy provides a framework for action and has helped to shape Queensland’s plan for preventing, reducing and treating obesity.

To ensure the Strategy reflects the voice of Queenslanders, Health and Wellbeing Queensland led three rounds of consultation. Through this, we heard from:

- people with lived experience of obesity
- the health and community workforce in metropolitan, regional and rural Queensland
- Queensland and local government stakeholders, non-government organisations, health and social sectors, universities, and industry stakeholders.

The insights of **1296 individuals and organisations** were gathered through workshops, webinars, focus groups, and online surveys.

The Consultation Insights Report at www.hw.qld.gov.au/consultation-summary provides more information on consultation findings.

Key steps to the Strategy

National Obesity Strategy 2022–2032 released

Understanding the Queensland context

Scanning existing state, national and international literature and evidence reviews

Consultation round 1

Feedback from 978 individuals and organisations through 8 workshops/webinars, and an online survey

Strategy and Action Plan drafted

Consultation round 2

Feedback from 278 individuals and organisations through 5 workshops/webinars, and an online survey

Consultation round 3

Feedback from 6 focus groups made up of 40 community representatives including Aboriginal and Torres Strait Islander peoples and people living in regional Queensland

Confirmation of Actions

Making Healthy Happen Steering Committee representatives confirm actions.

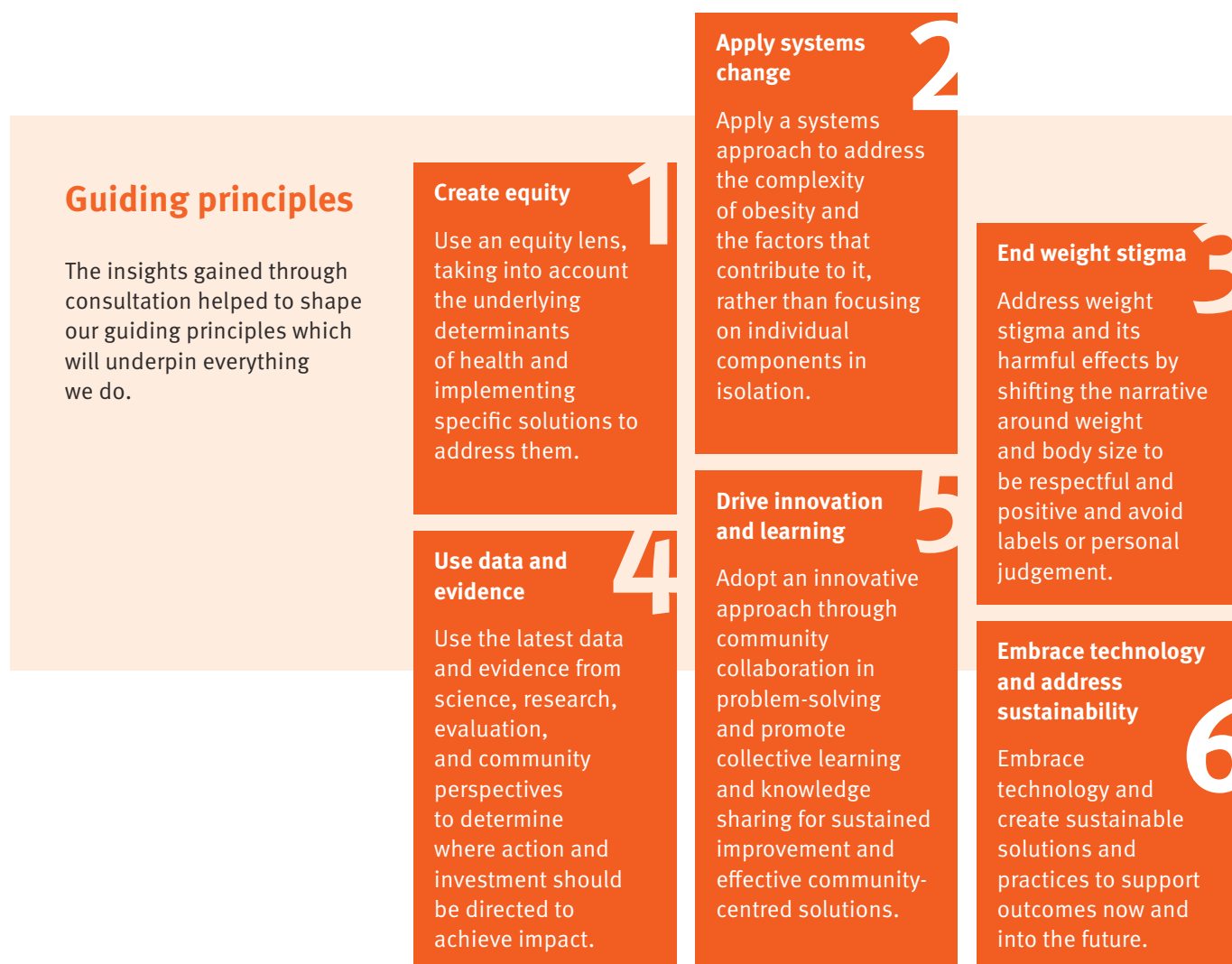
Consultation

Consultation across government and industry.

What Queenslanders said

In developing this Strategy, we wanted to hear from Queenslanders about what was important to them, and where they would like to see change over the next decade. Through this process we learnt that people would like to see more action 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 behaviours, with inclusive and positive messaging to help reduce weight stigma
- **shift language** from weight-focused to health-focused and incorporate the perspective of people living with obesity
- address **wider determinants of health** and not focus solely on the individual
- **drive policy and legislation change** to create healthier food and physical activity environments
- **increase access to supportive healthcare** across the state, particularly in rural and remote communities
- **empower community members to advocate** for their own health and collective policy changes
- focus on **accountability and transparency** through specific actions and monitoring mechanisms.



The Queensland Government is committed to creating real and lasting change that improves the health and wellbeing of all Queenslanders. To do this we need to work differently to change the systems that hold obesity in place.

This will require understanding the drivers of obesity, shifting the dial on barriers and, at times, dismantling systems that prevent healthy weight.

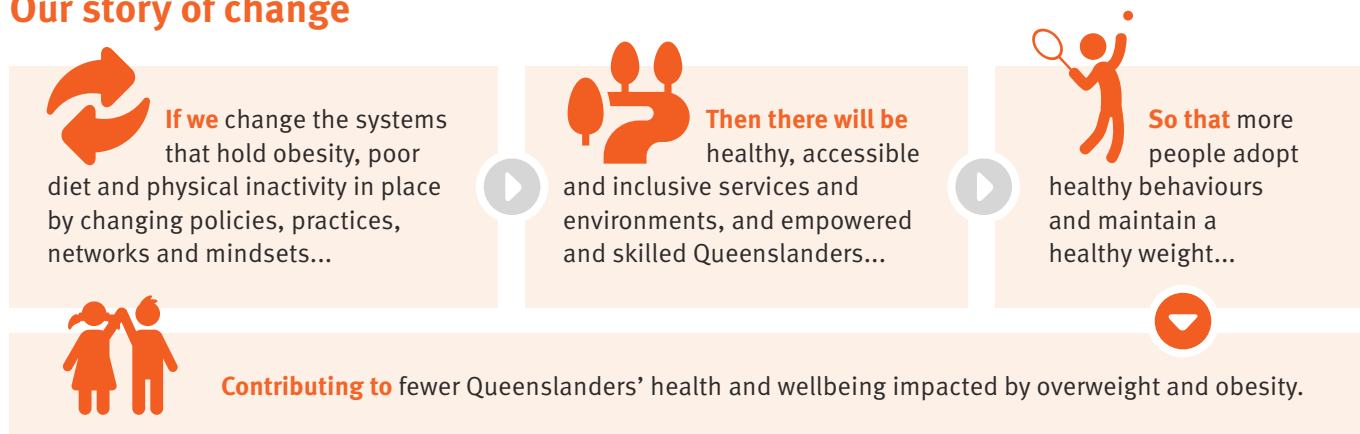
Making Healthy Happen is our shared plan to prevent, reduce and treat obesity in Queensland.

It will support our journey towards achieving the National Obesity Strategy 2022–2032 targets to:

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

It represents a whole-of-government commitment to change and is based on strong foundations of consumer engagement, trust and respect in partnerships, and a deep understanding of communities.

Our story of change



The implementation of the Strategy will be led by Health and Wellbeing Queensland, in partnership with other government agencies and the community. It will be delivered across three phases, each with an associated action plan.

This approach will enable us to be flexible to respond to emerging challenges and opportunities, scale where appropriate, and importantly, incorporate the views of Queenslanders.

2024–2026
Establishing strong foundations for change



Strengthen

2027–2029
Delivering bold, transformational action



Innovate

2030–2032
Amplifying and scaling success



Accelerate

Strategy at a glance

Vision: A healthier Queensland

Goal

Change systems to prevent, reduce and treat obesity.

Aim

Fewer Queenslanders' health and wellbeing is impacted by overweight or obesity.

Objectives

- The food and physical activity systems promote the health and wellbeing of Queenslanders.
- Queenslanders have equitable access to effective prevention and supportive healthcare.
- Queenslanders eat healthier food and less discretionary food, incorporate more physical activity and reduce sedentary behaviour.
- Queenslanders experience empathetic, non-stigmatising health and weight-related messaging.



Ambition 1

Create supportive, sustainable and healthy environments

Priority area 1: Drive collaborative leadership for obesity prevention across government

Create strong, unified and collaborative leadership across government on cross-sector policies and leverage resources and data.

Priority area 2: Disrupt unhealthy environments and create those that support healthy behaviours

Adopt a dual approach to improving food and physical activity systems, by both disrupting unhealthy environments and creating ones that support healthy behaviours.



Ambition 2

Empower people to stay healthy

Priority area 3: Foster local and community-led solutions

Empower communities and priority population groups to identify their own needs and increase opportunities for healthy eating and physical activity.

Priority area 4: Empower children, young people, families, and adults to support healthy behaviours

Empower individuals to adopt healthy behaviours by improving health literacy and using targeted and inclusive methods to support priority population groups.

Priority area 5: 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, including for priority population groups.



Ambition 3

Enable access to prevention, early intervention and supportive healthcare

Priority area 6: Build capacity of healthcare professionals

Build prevention capacity and capability of healthcare professionals and the emerging workforce to support healthy weight and minimise weight stigma.

Priority area 7: Improve access to better support and services

Enable timely access to prevention, early intervention and treatment options that are affordable, accessible and effective.

5 Achieving our ambitions



Ambition 1: Create supportive, sustainable and healthy environments

The situation

Today's environment looks nothing like it did 50 years ago. Over the past five decades, changes to the physical, economic, political and sociocultural environments in which Queenslanders live, learn, work, play and age have made it more difficult to achieve and maintain a healthy weight. This modern environment, referred to as an 'obesogenic' environment, promotes obesity and makes it difficult for individuals to maintain good health.²⁴

One of the major shifts in the global food supply system in recent years has been a rapid increase in the production and consumption of mass-produced, ultra-processed foods that are energy-dense and nutrient-poor. These unhealthy foods and drinks are heavily promoted, available almost everywhere, and are often cheaper than healthier options.²⁵



Stop our kids being bombarded with unhealthy food marketing.



Another major concern is the marketing of ultra-processed foods as everyday foods, particularly in socioeconomically disadvantaged communities. These communities already experience a disproportionate burden of diet-related disease due to lack of affordability and access to fresh produce such as fruits and vegetables.^{27,28}

Advances in technology have made many tasks and activities easier and more efficient. However, this has led to people becoming more sedentary in both their work and leisure activities.

Despite efforts to maintain good health, individuals are frequently undermined by environments that promote unhealthy eating and physical inactivity as the norm.



How we will respond

Responding to these complex issues requires a systems approach to address the physical, economic, political, commercial, social and cultural factors which contribute to unhealthy behaviours.

Health and Wellbeing Queensland will bring together key stakeholders from all levels of government, non-government organisations, industry, and local communities to create environments that promote health and wellbeing. This will involve implementing policies and actions to support healthy eating and physical activity in a range of settings including schools, early childhood education and care services, workplaces and sport and recreation facilities. The Strategy will also influence land use planning and policy coordination to inspire and enable people of all ages, abilities, and cultures to connect with nature and engage in regular active recreation and physical activity.

Although progress has been made in obesity prevention policies, implementation has been inconsistent. Collective action and commitment are required to overcome this. The Strategy will facilitate collaboration across different parts of the system, spanning traditional and new boundaries to deliver impactful solutions. It will also leverage and build upon the work of other complementary strategies listed in Appendix 1.

The Brisbane 2032 Olympic and Paralympic Games (Brisbane 2032) present a unique opportunity to create a legacy for the health and wellbeing of Queenslanders. The Strategy will seek to maximise the significant opportunities generated through the Brisbane 2032 Legacy Strategy, Elevate 2042, to improve the health of Queensland communities.

To achieve the vision of a healthier Queensland, particular attention needs to be paid to the inequities in health outcomes across the population. Collective action is needed to assess and redress systemic disparities in resources, opportunities and participation so that social conditions enable all communities, families and individuals to flourish. The Strategy will contribute to efforts to build a society that is more just, inclusive, equitable and sustainable, where everyone can benefit from healthier environments.



Young hockey player practices at a Queensland sports club.

The future for Queenslanders

All Queenslanders live, learn, work, play and age in supportive, sustainable, and healthy environments.

Changes we want to see by 2032

Queenslanders will have access to culturally appropriate and affordable healthy food options.

Queenslanders will have access to safe and affordable physical activity opportunities, including to connect with nature and engage in regular active recreation.

Queenslanders will be exposed to less marketing of unhealthy food and drinks.

Queenslanders will have greater access to healthy food and drink options in places outside the home.

Communities and neighbourhoods will be designed to encourage physical activity and provide easy access to local outdoor recreation and active travel opportunities.

Strong cross-government leadership and governance will be in place to ensure collaboration on priority obesity prevention actions.



Ambition 2: Empower people to stay healthy

The situation

A comprehensive approach to preventing obesity must take into consideration various factors, including the role of health literacy. Health literacy is an essential component of an effective obesity prevention strategy and includes both food literacy and physical literacy.

Food literacy involves understanding healthy eating practices and being able to plan, select and prepare nutritious meals. Physical literacy refers to the combination of physical, psychological, social, and cognitive skills required for movement and physical activity and it considers an individual's unique situation and context throughout their lifetime.

Good health practices, such as breastfeeding, healthy eating and physical activity, can be passed down from one generation to the next. However, negative health habits can be perpetuated, particularly when families and communities lack knowledge, resources and support for these healthy practices.

Cultural and community factors also shape individual and family behaviours. Cultural foods and cooking practices hold great importance and contribute to social, emotional, spiritual, and cultural wellbeing in many communities. However, there may also be harmful social norms and beliefs related to food and feeding practices that can negatively impact health.



There are so many confusing messages about diets and exercise. I don't know where to start to be healthier.

Cultural practices can also greatly influence physical activity, including sports. In some cultures, physical activity and sports are highly valued and encouraged, leading to high levels of participation and a strong focus on fitness and wellbeing. In other cultures, physical activity and sports may not receive as much emphasis.



Empowerment plays a vital role in promoting healthy behaviours. When individuals are given the tools, support, and information to make informed decisions, they are more likely to adopt and maintain healthy behaviours.

Engaging with diverse communities and stakeholders is integral to ensuring actions are inclusive, equitable and effective. Working with priority population groups to inform and co-design tailored and targeted solutions will help to meet different needs and circumstances, including for Aboriginal and Torres Strait Islander peoples, children and young people, people living in rural and remote areas, people from culturally and linguistically diverse backgrounds, people with disabilities and those who identify as LGBTIQ+.



Increase funding models and availability for grassroots community projects such as community gardens, community exercise opportunities, campaigns that champion health and wellness activities.



How we will respond

The COVID-19 pandemic has shown the strength of unity and collaboration in tackling a shared challenge. In the same spirit, we believe that Queenslanders can come together to address the issue of obesity. Engaging local communities is critical in making sure that solutions are tailored to the specific needs and values of the people who will benefit from them.



Community-led programs supported by health promotion professionals deliver value for money.

The government has a crucial role in supporting these community solutions to ensure long-lasting impact. Sharing learnings and knowledge across communities will drive continuous improvement across Queensland and promote successful solutions.

The Strategy will build health literacy, including food and physical literacy skills, through programs and targeted campaigns that aim to empower individuals to make informed decisions about their health. By providing early education and promotion of healthy habits, especially for children and young people, we aim to equip them with the necessary knowledge and skills they need to maintain good health throughout their lives.



Teach kids how to cook healthy meals and how to use healthy ingredients, learn what is better for you and how to get those options when out of home.

To promote healthy behaviours, changing public perception and attitudes towards healthy eating and physical activity is essential. Evidence-based and consistent messaging through social marketing and media campaigns can play a significant role in obesity prevention efforts.



Outdoor media campaign promoting healthy eating.

These campaigns, tailored to different priority population groups and local communities, must be consistent and reflective of community values. They can also create a supportive environment for healthy behaviours and inspire individuals to adopt healthy habits.

It is important to recognise that obesity is a complex medical condition influenced by multiple factors including the wider determinants of health. The Strategy seeks to promote respectful language and positive conversations about weight, reducing the spread of stereotypes, myths, and stigma. The language of 'lifestyles' will also be avoided, as it reinforces a flawed assumption that improving health is solely a personal responsibility.³

The future for Queenslanders

All Queenslanders are empowered and skilled to stay as healthy as they can be.

Changes we want to see by 2032

Communities work together to create and offer programs and services that promote healthy eating and physical activity, with a focus on meeting the needs of priority population groups.

Widely accessible programs and services, backed by evidence-based education and behaviour change strategies, are available throughout Queensland, particularly for priority population groups.

People of all ages are taught essential skills for healthy eating and physical activity, fostering healthy habits.

Queenslanders have access to reliable and relevant health information, shaped by community input and tailored to priority populations and local communities.

A positive and balanced approach to discussions about weight and health is widely used.



Ambition 3: Enable access to prevention, early intervention and supportive healthcare

The situation



Everyone is a different weight. Focus needs to be on health, not on weight.

Every day, healthcare professionals in Queensland interact with thousands of people who are facing the challenge of living with obesity. During these interactions they have the opportunity to sensitively raise awareness and discuss weight, assess and refer to appropriate prevention programs, early intervention services, medications, and where necessary surgical interventions.



Accessibility is really important, but addressing exclusion is a bigger issue.



Source: My health for life and Diabetes Australia



Source: Children's Health Queensland

In Queensland, a range of programs, services, and treatment options exist to support people along the continuum of care. These include statewide prevention programs focused on promoting healthy eating, physical activity, and overall wellbeing through education and support. Additionally, early intervention services such as community-based and virtual programs, supported by multi-disciplinary care teams, are available.

For people living with obesity, treatment options include prescription weight loss medications and bariatric surgery.^{29,30} There are an expanding range of new medications and surgical options being trialled and implemented in Australia, supported by emerging and innovative technology.^{30,31}

Despite the availability of these options, timely access to appropriate early intervention and healthcare services can be impeded by a range of factors, including:

- cost and availability of services
- limited service integration and continuity of care
- confidence and capability of healthcare professionals to identify, monitor and manage weight and associated conditions
- issues related to weight stigma and other forms of discrimination.



Cost is too high to see a doctor, dietitian, and associated costs of going to a gym.

How we will respond

To better support those living with or at risk of obesity, we need to improve access to inclusive and effective prevention, early intervention, and treatment options. This requires a comprehensive approach that incorporates prevention measures at all levels of healthcare and important life stages, particularly preconception, pregnancy and the early years.

The review of the National Health and Medical Research Council's (NHMRC) Clinical Practice Guidelines for the Management of Overweight and Obesity for Adults, Adolescents and Children in Australia will ensure that the guidelines are relevant for people living with obesity and their families, as well as healthcare professionals, with recommendations based on the most recent evidence and best practice advice.³³

A consumer-focused approach, prioritising individualised care and seamless integration of services, is essential. To ensure long-term weight management success, compassionate and personalised care coordination is necessary, especially for populations with a higher risk. Culturally sensitive and customised messaging and services must also be made available to effectively address the needs of these priority population groups.

Healthcare professionals play a critical role in this effort. By leveraging their expertise and influence, we can build prevention capacity and capability within the health system and education settings, such as early childhood education centres and schools. This requires collaboration with the health system and university sector to integrate obesity prevention into training programs and daily practice. Healthcare professionals, including general practitioners, nurses, midwives, allied health professionals, and the emerging workforce, must have access to education and training to ensure they can provide evidence-based, patient-centred care in a timely manner.



Clinicians need the appropriate skills to talk about weight when asked.

To improve the health and wellbeing of those affected by or at risk of obesity, the allocation of resources and prioritisation of obesity prevention, intervention, and treatment must be fundamentally transformed.

Collective reform across the continuum of care is needed to reduce demand pressures driven by obesity-related chronic disease. This is widely acknowledged in Queensland and much work is already underway to shift the balance of focus towards improving health and wellbeing, as well as optimising healthcare and treatment.

By aligning with wider health system objectives and clinical guidelines, and embracing contemporary evidence-based interventions, we can ensure a significant and sustained impact on obesity.

The future for Queenslanders

All Queenslanders have access to prevention, early intervention and supportive healthcare.

Changes we want to see by 2032

Prevention programs, early intervention services, and effective treatment options will be widely accessible and well-utilised.

Queenslanders will have increased health literacy and more confidence in engaging with healthcare professionals.

Healthcare professionals will have a better understanding of obesity and provide compassionate, inclusive, and supportive prevention, early intervention, and treatment options for those living with or at risk of obesity.

Strong cross-sectoral leadership and governance will prioritise individualised care and seamless integration of services for people with or at risk of obesity.

Continuity of care within health system settings will be improved for the prevention and management of obesity.

Resources will be allocated to ensure comprehensive, affordable, accessible, and supportive obesity prevention, early intervention, and treatment options are prioritised within the health system.

5 Driving implementation

The Queensland Government is committed to building a future where all Queenslanders are as healthy as they can be. Over the coming years, we will continue to engage with Queenslanders to co-design solutions and ensure that actions align with community priorities. The Strategy

will be reviewed regularly 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.

Three bold plans

2024–2026

Strengthen: The first action plan aims to establish strong foundations for change by building mechanisms for collaboration and cultivating strong partnerships. We will demonstrate collective leadership and shared action by leveraging and elevating the investment, infrastructure and initiatives that are already underway or planned for Queensland. We will work together to identify shared priorities for subsequent action plans.

2027–2029

Innovate: The second action plan will focus on delivering bold and transformational change. It will build on the strong relationships created through the first action plan to activate innovation in partnership with community, non-government and industry stakeholders.

2030–2032

Accelerate: The third and final action plan will use the runway to the Brisbane 2032 Olympic and Paralympic Games to amplify change. We will use the insights generated through monitoring, evaluation and learning to grow, optimise and adapt effective solutions.

Enablers for change

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

- **Investment in obesity prevention:** Appropriate and sustained funding to deliver the required changes, recognising that results and systems change takes time. This may include innovative funding models in partnership with other key stakeholders.
- **Leadership and collaboration:** Working together across all levels of government, sectors and community to support a systems approach.

- **Data intelligence:** Utilising shared population data sets to inform and support data-driven initiatives and resource allocation, with an emphasis on addressing inequities.
- **Research:** Growing and strengthening research partnerships with a focus on applying research findings to policy and practice.
- **Evaluation:** Applying a structured approach to monitoring, evaluation and learning that enables actions and outputs to be adapted for success.

Proactive steps will be taken to ensure these foundational pillars are in place to achieve the objectives of the Strategy and deliver effective and sustainable initiatives through each of the action plans.

Strategic opportunities

Taking a systems approach will enable us to work together to align strategies and amplify action. In Queensland, some of the key strategic opportunities that will be leveraged over the next decade include:

- **Integration with national strategies and reform**—contributing to joint priorities and policies that require a national approach and collaboration across the Commonwealth, states and territories. Queensland will play a lead role in supporting the National Obesity Strategy Working Group.
- **Brisbane 2032 Olympic and Paralympic Games**—maximising the opportunities created in the lead-up to the event, including investment and development, to support the health and wellbeing of all Queenslanders.
- **Measuring what matters**—contributing to national efforts to expand economic indicators which encompass a wider range of social and environmental factors, to broaden the conversation about quality of life and collective wellbeing.

Governance and community engagement

The implementation of the Strategy and action plans will be supported by departmental, cross-sectoral and community-centred governance arrangements.

Existing collaborative forums, such as clinical networks, will be leveraged to ensure the appropriate content expertise is accessed to support the development, implementation and evaluation of actions and solutions.

Community engagement will be ongoing throughout implementation and development of future action plans. This will include working together with diverse communities and priority population groups. By incorporating the voice of the community, we can ensure that the implementation is truly reflective of the needs and priorities of those it is meant to serve.

Measuring change

The Making Healthy Happen Measuring Change Framework provides an overview of how we will systematically measure change, outcomes and impact created through the implementation of the Strategy over time. It is based on a Theory of Change (see Appendix 2) which outlines how implementation influences obesity systems and contributes to population-level outcomes in the long term. A more detailed Monitoring, Evaluation and Learning Plan will be developed with our partners to support implementation of the Framework.

Effective monitoring and reporting processes will enable Queensland to effectively contribute to the measurement of cumulative change for the National Obesity Strategy 2022–2032 through the Australian Institute of Health and Welfare’s Framework for monitoring overweight and obesity in Australia. The targets and measures outlined in the Measuring Change Framework align with those in the National Obesity Strategy 2022–2032 and the National Preventive Health Strategy 2021–2030.

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. Annual progress reports will provide a snapshot of the work we are delivering and how we are tracking towards our goals.



Legacy

Making Healthy Happen is a bold and ambitious strategy to create a healthier Queensland.

Ultimately, we need to address the drivers of obesity and this means changing the systems which hold obesity in place. This requires shared leadership, investment and accountability across all levels of government, but we cannot do it alone.

We know that to achieve real change we need to do things differently, and we need to do it together. It is critical that we continue to partner with Queensland communities to co-design and co-deliver strategies that reflect their needs. We also need to work across traditional boundaries, connecting government, communities, non-government, health and social sectors, universities and industry, to deliver strategies that put health first.

By working together, we can make the Queensland environments where we live, learn, work, play and age the healthiest they have ever been.

Appendices

Appendix 1: Related strategies, reports and documents

Queensland

Health and Wellbeing Queensland

- Gather + Grow 2023-2032: Queensland Remote Food Security Strategy (2023)

Department of Health

- Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 (2010, reprint 2012)
- Making Tracks Together – Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework (2021)
- Reducing barriers to health and wellbeing: The Queensland Prisoner Health and Wellbeing Strategy 2020–2025 (2020)
- HEALTHQ32: A vision for Queensland’s health system (2023)

Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts

- Communities 2032 Strategy (2022)
- Queensland’s 2022 Closing the Gap Implementation Plan (2022)

Department of Justice and Attorney-General

- Queensland Women’s Strategy 2022–2027 (2022)

Department of Child Safety, Seniors and Disability Services

- Queensland’s Disability Plan 2022–2027: Together, a better Queensland (2022)

Department of Transport and Main Roads

- Queensland Cycling Strategy 2017–2027 (2017, Re-released 2020)
- Queensland Walking Strategy 2019–2029 (2019)

Department of Tourism and Sport

- Activate! Queensland 2019–2029 (2019)
- Legacy Strategy, Elevate 2042 (2023)

Public Sector Commission

- Be healthy, be safe, be well framework, Queensland Public Sector (2021)

National

- National Obesity Strategy 2022–2032 (Commonwealth of Australia, 2022)
- National Preventive Health Strategy 2021–2030 (Commonwealth of Australia, 2021)
- National Agreement on Closing the Gap (All Australian Governments, 2020)
- Australia’s Disability Strategy 2021–2031 (Commonwealth of Australia, 2021)
- Australian National Breastfeeding Strategy: 2019 and beyond (COAG Health Council, 2019)
- 2020–2025 National Health Reform Agreement (Commonwealth of Australia, 2020)

International

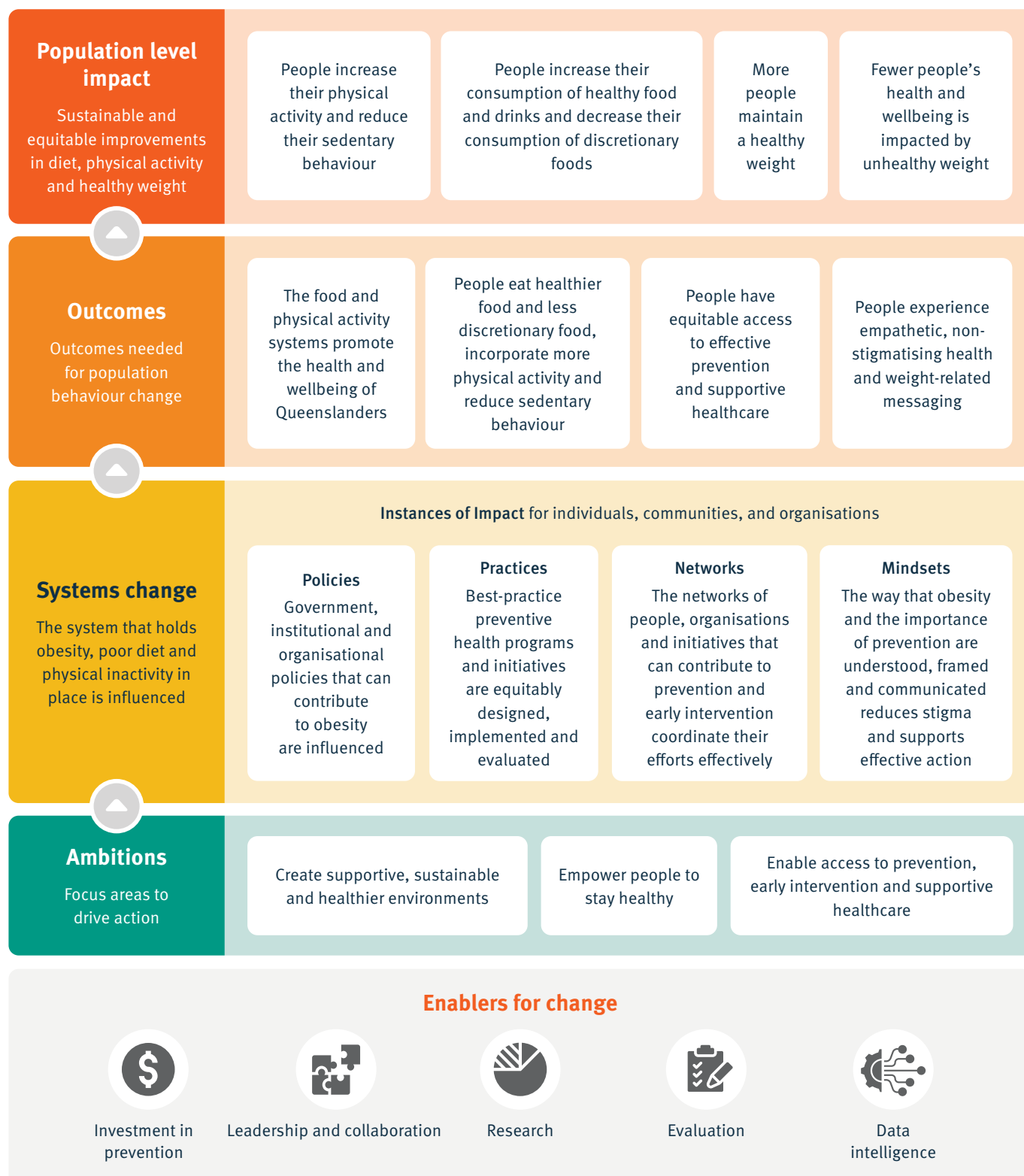
- Transforming our work: the 2030 Agenda for Sustainable Development (United Nations, 2015)
- Shifting the Narrative: A Playbook for Effective Advocacy on the Prevention of Childhood Overweight and Obesity (United Nations Children’s Fund, 2022)
- WHO European Regional Obesity Report 2022 (World Health Organization, 2022)
- WHO Global strategy on health, environment and climate change 2020 (World Health Organization, 2020)
- The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission Report (The Lancet Commissions, 2019)
- ‘Best Buys’ and other recommended interventions for the prevention and control of noncommunicable diseases – Updated (2017) Appendix 3 of the Global Action Plan for the Prevention and Control of Noncommunicable diseases 2013–2020 (World Health Organisation, 2017)
- Report of the Commission on Ending Childhood Obesity (World Health Organization, 2016)
- Global action plan for the prevention and control of NCDs 2013–2030 (World Health Organization, 2013)

Appendix 2: Theory of Change

The Theory of Change outlines how actions will influence the systems associated with obesity and how the Strategy will contribute to population level outcomes and impacts in the long term including the National Obesity Strategy 2022–2032 targets to:

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

The Measuring Change Framework will be used to guide a collective approach to monitoring, reporting, learning and evaluation.



Glossary

Bariatric surgery is a term that refers to surgical procedures that assist in weight loss by making changes to the digestive system. Some types make the stomach smaller, which decreases the amount of food that it can hold so the person feels full sooner and eats less. Other types make changes to the stomach and the small intestine, which decreases the nutrients and kilojoules that are absorbed from food.

Body mass index (BMI) is an internationally recognised standard for classifying weight status in adults. It is calculated by dividing a person's weight (in kilograms) by the square of their height (in metres). The standard measure of BMI is a useful screening tool but has limitations on its own for the clinical diagnosis of obesity, due to factors such as age, ethnicity, variations in body composition and metabolic risk levels. Waist circumference for adults is a good indicator of total body fat and is a better predictor of certain chronic conditions than BMI, such as cardiovascular risk and type 2 diabetes. Overweight and obesity in children is classified using World Health Organization growth charts and based on standard deviations above the median.

Chronic conditions/diseases are a diverse group of conditions, such as diabetes, heart disease, cancer and arthritis, which are generally characterised by their long-lasting and persistent effects. Such conditions tend to develop gradually, becoming more common with age, and typically require long-term management by healthcare professionals. Also referred to as non-communicable diseases or long-term health conditions.

Communities are groups of people with diverse characteristics who are connected through common location, attitudes, cultures or interests. Individuals can be considered to be members of multiple communities at once. In the preventive health context, it can be used to describe a group of people living in the same place or with a particular characteristic in common.

Determinants of health are the non-medical factors that influence an individual's health and wellbeing. These include social, economic, environmental, cultural, and commercial factors.

Early intervention is the provision of support or interventions to a person or family at risk of obesity and for those already overweight, to prevent progression to obesity and a potential 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.

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It is a fundamental right of every person and can only be fulfilled by the provision of adequate social, economic and environmental measures.

Healthy eating refers to the practice of consuming a balanced and nutritious diet that provides the body with the necessary energy, vitamins and minerals to function well, maintain health and reduce the risk of diet-related chronic diseases.

Health 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 behaviours.

Health literacy refers to how people understand information about health and healthcare, and how they apply that information to their lives, use it to make decisions and act on it. It is determined both by the skills and abilities of individuals as well as the demands and complexity of the environment.

Health promotion enables people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect people's health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.

Health sector refers to the collective description of healthcare across primary, secondary, and tertiary settings. Primary healthcare 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, community and social services, amongst others. Secondary healthcare is provided by a medical or other health professional that is not the first point of patient contact, such as a specialist doctor, psychiatrist, physiotherapist or other allied health professionals. Tertiary healthcare is highly specialised healthcare, mostly provided as a hospital in-patient on referral from a primary or secondary health professional. This can include complex medical or surgical procedures.

Healthy weight refers to a weight that is considered to be appropriate for a person's height, age and body composition. A BMI of between 18.5 to 24.9 in adults is considered healthy. However, it is important to note that BMI is not always accurate, and factors such as overall health, muscle mass and body shape should also be taken into consideration.

LGBTIQ+ is an evolving acronym that stands for lesbian, gay, bisexual and many other terms (such as non-binary and pansexual) that people use to describe their experiences of their gender, sexuality, and physiological sex characteristics.

Obesogenic environment refers to the opportunities, conditions of life or influences that the surroundings have on promoting obesity.

Overweight and obesity refers to a condition in which an individual's weight is higher than what is considered healthy for their height and body type. It can present a risk to health, including increased risk of developing chronic diseases such as cardiovascular disease, type 2 diabetes and some cancers, mental health challenges, mobility issues, and can impact on fertility. Overweight and obesity are generally defined by a person's BMI.

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 and 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.

Places refer to the settings or environments where the community spend the majority of their daily life. These may include education facilities, sport clubs and recreation facilities, neighbourhood centres, non-government organisations, food providers, outlets and suppliers, residential services and places of worship.

Prevention also called preventive health, is any action taken to keep people healthy and well, and prevent or avoid risk of poor health, illness, injury and early death. Prevention aims to increase the likelihood that people will stay healthy and well for as long as possible.

Risk factors, also known as determinants, are factors that represents a greater risk of a health disorder or other unwanted condition or event. Some risk factors are regarded as causes of disease; others are not necessarily so.

Social marketing is an approach that applies marketing principles and techniques to create, communicate and deliver activities that encourages and supports behaviour change for the benefit of individuals, communities and society.

Social sector refers to that part of the economy outside of government that supports people with their everyday functioning and care needs. It includes the provision of education, community services, disability care and child protection.

Unhealthy food and drinks also called discretionary food and drinks and are typically high in energy, sugar, saturated fat and salt, and are low in nutrients. It is worth noting that some foods that are considered healthy in small amounts can become unhealthy when consumed in large quantities.

Ultra-processed foods are foods that have been heavily processed and often contain a high amount of added sugar, fat, and salt, as well as artificial ingredients. Examples include packaged snacks, sugary cereals, pre-prepared meals and drinks, and processed meats. They are typically high in energy and low in nutrients, and have been linked to health conditions such as obesity, heart disease and type 2 diabetes.

Weight loss medications refers to prescription drugs (either pills or injections) that are used to help individuals lose weight by altering the levels of certain hormones or neurotransmitters in the body that regulate hunger, metabolism, and other processes related to weight regulation.

Weight stigma also includes weight bias or weight discrimination, which is an unjust and harmful form of discrimination that is directed towards people based on their weight or body size. Weight stigma is a serious issue that can have negative consequences for the mental and physical health of those who experience it.

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