

Section 3: Overarching concepts

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

(Required) Strongly agree Agree Neither agree nor disagree Disagree
 Strongly disagree Not relevant to me

You can explain your selection or provide comments in the text box if you wish. (250 word limit)

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

(Required) Strongly agree Agree Neither agree nor disagree Disagree
 Strongly disagree Not relevant to me

You can explain your selection or provide comments in the text box if you wish. (250 word limit)

Weight Issues Network (WIN) supports the need for a coordinated, whole of society approach to addressing obesity in Australia. A National Strategy is an important step in this direction.

WIN commends the draft national obesity prevention strategy for recognizing the need to address stigma and weight-related discrimination, and the importance of the shift from blaming individuals for their weight.

The Inclusion of the term "Prevention" in the Strategy is slightly more helpful in describing the focus and scope of the strategy. For example, it is clear that the strategy does not address treatments and tertiary care such as pharmacology and surgery.

However, even within the scope of Prevention, a key aspect missing is secondary prevention – and ways to provide health supports to people who are living with obesity. With majority of the adult population living with excess weight and nearly 30% with clinically severe obesity, this is an important piece of the puzzle critical in meeting the goal of “halting growth of obesity by 2030”.

Enclosed are a few qualitative comments from people with lived experience in our community, that you may find useful both for developing the strategy, as well as shed light on public perception on the strategy from those who live with obesity:

“There is no question that it (the strategy) is right and proper – but it does spark a little pang of indignance when thinking “what about those of us who are already living this . Are we somehow expendable?”

“I get the feeling they want to let the current generations of fatties die off and hopefully future generations will benefit from prevention? “

“Secondary Prevention where you prevent complications from obesity by primarily treating the obesity hasn’t been addressed at all and should be included”

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

(Required)	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to me
Equity	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustainable development	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You can explain your selections or provide comments in the text box if you wish.

The value of involving the public and patients, allowing them to have a say in healthcare decisions, and their contribution in how health research is designed and carried out is increasingly recognized, and the Strategy highlights on Page 8 “What people said”. This could be strengthened by Including “Lived experience partnership” as a central guiding principal in this strategy, along with Equity and Sustainable development Engaging the those affected, in a true partnership will demonstrate that this National Strategy is committed in its ambitions.

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

(Required) Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Not relevant to me

“For an Australia that encourages and enables healthy weight and healthy living for all.”

Do we need to comment on something like “and a fair treatment of people regardless their size and body weight”? YES

You can explain your selection or provide comments in the text box if you wish. (250 word limit)

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

(Required) Strongly agree Agree Neither agree nor disagree Disagree
 Strongly disagree Not relevant to me

Halt the rise in obesity by 2030: as a signatory to the World Health Organization Global Target.2

Do you have any comments here? Perhaps something like: “..... through strategies that are equitable, accessible and delivered in a compassionate and supportive manner”

You can explain your selection or provide comments in the text box if you wish. (250 word limit)

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

(Required)	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to me
More supportive and healthy environments	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More people eating healthy food and drinks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More people being physically active	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More resilient systems, people, and communities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More accessible and quality support for people	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You can explain your selections or provide comments in the text box if you wish.

14. Are there any Objectives missing?

You can provide comments in the text box if you wish.

An obesity prevention strategy is incomplete without clearly articulation of the objective of “more education and awareness about weight-stigma across all sectors and general public”

This objective is key to making any shift in how people think, act and feel about Obesity, and therefore key to making any progress on rates of obesity in Australia (Perfect!)

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

(Required)	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to me
All Australians live, learn, work, and play in supportive and healthy environments.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Australians are empowered and skilled to stay as healthy as they can be.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Australians have access to early intervention and primary health care.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You can explain your selections or provide comments in the text box if you wish.

The Weight Issues Network has released a report “The Personal Costs of Weight Issues in Australia” which highlights the perspectives of people who live with the challenges of overweight and obesity. It is promising to see that the Strategy has included several examples that are also recommended by WIN for creating supportive environments in society, and for improving clarity and reducing barriers for better health. Addressing weight stigma through social marketing, and focussed education and training for health care providers are positive steps. Additional recommendations made by WIN include:

The lived experience voice and perspective to be included in the development of plans, strategies, design of treatment pathways, research, and debates on weight issues in a

person-centered approach. The human element and complexity of the challenge needs to be recognised to reduce stigma. •

Clear anti-stigma policies, education approaches and tools for schools, universities/higher education, employers, social services, research and healthcare providers. These should include an understanding of the complexities of obesity, and standard respectful terminology.

- Government statements, plans, policies and campaigns to consult people with lived experience to help reduce risks of unintentional stigma.
- Relevant public health communications are developed considering potential stigma harm. These should not further weight stigma or be a major risk factor for eating disorders or disordered eating.
- Portrayal of people with obesity in the media to be respectful. Framing and images with stereotypes perpetuate and reinforce stigma.
- Evidence-based support and/or resilience training to be available and subsidised for those who are particularly affected by weight stigma.

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

(Required)	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to me
Lead the way	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better use of evidence and data	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Invest for delivery	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You can explain your selections or provide comments in the text box if you wish.

1. Leading the way is important but will only work if people who have lived experience are part of decision making.
2. Need to ensure that the data used, is able to capture and measure social and emotional wellbeing as well as statistics on diet and exercise, access to healthy food etc etc
3. Definitely need to invest for delivery – more skilled practitioners, better and more affordable access to multidisciplinary family services

17. Are there any Enablers missing?

You can provide comments in the text box if you wish.