

Response ID ANON-D6TS-MYC1-U

Submitted to Draft National Obesity Prevention Strategy
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Section 1: Privacy information

1 Do you consent to your submission being published on the Department's website, and accessible to the public, including persons overseas, in accordance with the following preference:

Publish entire response, including my name and organisation's name

2 Please read and agree to the below declarations:

I have read, understood and consent to the above statements.:

Yes

Section 2: Introduction

3 What is your name?

Name:

Alfred Deakin Professor Jo Salmon

4 What is your email address?

Email:

jo.salmon@deakin.edu.au

5 What is the name of your organisation?

Organisation (if not representing an organisation you can enter 'member of community'):

Australasian Society for Physical Activity

6 Are you completing this survey on behalf of your organisation?

Yes

7 What sector do you represent? You may select more than one option.

Health promotion

Section 3: Overarching concepts

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

Agree

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

The Australasian Society for Physical Activity (ASPA) supports the overall approach outlined in the draft strategy. We endorse the inclusion of 'more supportive and healthy environments' and 'more people being physically active' within the strategy as objectives.

We would like to see stronger commitments and accountability in the NOPS to deliver on the WHO targets for obesity, nutrition and physical activity.

There must also be stronger alignment between the NOPS and the National Preventive Health Strategy (NPHS), so the Government's commitments and investment is coordinated to reduce overweight and obesity and improve the health of Australians.

To ensure the NOPS realises its ambitions and meets the proposed target, ASPA recommends the following additions:

- strong targets that align with NPHS.
- a national governance committee to oversee implementation with representation from the Commonwealth and each jurisdiction.
- a national implementation plan developed in consultation with key stakeholders and signed onto by each jurisdiction to outline:
 - agreed evidence-based actions for each strategy, with responsibility for each action assigned to a jurisdictional lead.
 - a timeline for implementation and reporting.
- a funding plan that identifies committed, ongoing and adequate investment from all governments for all elements of the Strategy.
- a monitoring and evaluation framework, requiring regular reporting on implementation and outcomes from each jurisdiction and an independent evaluation of impact.
- a process free from conflicts of interest.

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

Agree

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

The title is descriptive of the content of the strategy. In particular, ASPA supports the term Prevention in the title of the NOPS. This should encompass primary, secondary and tertiary prevention of overweight and obesity.

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

Guiding Principles - Equity:

Agree

Guiding Principles - Sustainable development:

Agree

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

The strategy articulates the impact of people living in environments that are not equal and the subsequent differential impact these unequal environments have on opportunities for healthy eating and active living. The strategies should prioritise systems and environmental change, as well as individual behaviour change, in order to address inequity.

In terms of sustainable development, we support linking the Strategy to Sustainable Development Goals (SDGs), and we feel more actions are needed to ensure the NOPS helps Australia deliver on commitments to the SDGs. Investing in policies to promote walking, cycling, sport, active recreation and active play can contribute directly to achieving many of the 2030 SDGs. Policy actions on physical activity have multiplicative health, social and economic benefits, and will directly contribute to achieving many of the SDGs [1].

1. <http://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf>

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

Neither agree nor disagree

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

ASPA supports the current focus on 'healthy weight.' However given that sustainable development is one of the guiding principles and that the draft NOPS needs greater integration of this principle throughout (see response to Question 10), ASPA would recommend that the Vision be re-worded as follows: For an Australia that encourages and enables healthy weight and healthy, active and sustainable living for all.

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

Neither agree nor disagree

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

In addition to the overall target, SMART (Specific, Measurable, Achievable, Realistic, Timely) targets for each objective are recommended so the strategy can be evaluated and measured according to those targets. For example, in relation to increasing physical activity 'X% of Australians meet the National Physical Activity Guidelines by 2032'. The World Health Organisation (WHO) and the United Nations have committed to reducing physical inactivity across the world by 15% by 2030. To achieve this target, member states, including Australia, are being encouraged to establish a multi-sectoral national committee or coalition to provide necessary leadership and coordination. Investment and leadership by the Australian Government is vital.

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

Do you agree with the Objectives? - More supportive and healthy environments:

Strongly agree

Do you agree with the Objectives? - More people eating healthy food and drinks:

Strongly agree

Do you agree with the Objectives? - More people being physically active:

Strongly agree

Do you agree with the Objectives? - More resilient systems, people, and communities:

Strongly agree

Do you agree with the Objectives? - More accessible and quality support for people:

Strongly agree

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

ASPA strongly agrees with the five identified objectives outlined in the draft strategy. We strongly agree with including an objective related to increasing physical activity as it applies across the lifespan and helps address equity gaps. Australia is currently ranked among the most inactive nations in the world clearly contributing to our national current overweight and obesity levels.

ASPA recommends the wording of the third objective to be "more people being physically active and spending less time sitting" so it aligns with the

14 Are there any Objectives missing?

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

ASPA also recommends the addition of specific objectives for muscle strengthening in adults, and guidelines for healthy sleep and reducing screen time in children and adolescents:

- In line with government Physical Activity Guidelines for Australians, muscle strengthening activities should be performed at least 2 days per week. As noted in the Dept of Health website, "Muscle strengthening activities are important for metabolic and musculoskeletal health (including maintaining bone density), and for maintaining functional status and ability to conduct activities of daily living in older age."
- The government Sedentary Behaviour Guidelines for Australian children and young people recommend spending no more than 2 hours per day in recreational screen time and ensuring that they establish and maintain healthy sleep patterns. Following these guidelines is associated with better body composition, cardiorespiratory and musculoskeletal fitness, cardiovascular and metabolic health, academic achievement and cognition, mental health and quality of life, emotional regulation, and pro-social behaviours.

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

Ambitions - All Australians live, learn, work, and play in supportive and healthy environments.:
Strongly agree

Ambitions - All Australians are empowered and skilled to stay as healthy as they can be.:
Strongly agree

Ambitions - All Australians have access to early intervention and primary health care.:
Strongly agree

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

ASPA strongly agrees with the proposed ambitions. Supportive and healthy environments (built and natural) are recognised as an important influence on how people live, work, learn and play and can be designed to support opportunities for physical activity via incidental activity, active play, active transport, sport and recreational physical activity. Neighbourhoods that promote active transport and use of public transport have been shown to increase physical activity levels and also deliver benefits for the environment. However, supportive physical activity environments are not equitably distributed across the population and actions are required to address such inequities consistent with the strategy's two guiding principles.

ASPA particularly supports that these ambitions have an overarching focus on health, rather than representing nutrition and physical activity as separate, distinct and competing focuses (which seems to be a shortfall of much of the document). This symbiotic representation is key for those who will need to implement the actions. Nutrition and physical activity do not sit separately in most of the relevant systems targeted in this document and clearly both are key for having impact on obesity.

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

Enablers - Lead the way:
Strongly agree

Enablers - Better use of evidence and data:
Strongly agree

Enablers - Invest for delivery:
Strongly agree

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

Leadership is crucial to policy and strategy achievement and is often cited as the main barrier to effective action. Leadership and governance arrangements need to be legislated, have bi-partisan support, and enacted such that longer-term outcomes are possible and that changes in government do not signal the end of each strategy.

ASPA supports the need to implement and scale up effective evidence-based strategies and interventions across jurisdictions and nationally. It is also important to de-implement programs that are not effective. The strategy presents an opportunity to develop an integrated approach which joins up disparate programs and activities, rather than funding one-off projects or initiatives. Understanding how to effectively translate and implement interventions is where most major knowledge gaps reside. There is a need for stronger partnerships between researchers and policy makers to improve the translation and implementation of evidence.

The strategy should build up a long-term, sustained approach to addressing overweight and obesity prevention in Australia. To achieve this, funding should be long term for any program of activity (at least 5 years). We call for caution in further investment into mass media campaigns. Rather, we call for better support to be given to established organisations who already have credibility, existing networks and experience. Action should be underpinned by implementation plans that address healthy eating and physical activity systems.

17 Are there any Enablers missing?

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

There must be an implementation plan, including funding and evaluation strategies to support it. Expenditure needs to also be linked to how that investment is managed to ensure it is channelled into evidence-based approaches that will achieve results. Success will be determined by how well the resourcing and implementation mechanisms work together.

We also strongly support the need for 'collaborative government leadership across sectors' and recommend the adoption of a new stand-alone enabler to reflect the importance of this health in all policies approach. The additional enabler would be consistent with the NPHS – where one of the policy achievements is that "a health lens is applied to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health" by 2030.

Section 4: Ambition 1 - All Australians live, learn, work, and play in supportive and healthy environments.

18 Ambition 1 Strategies are outlined on pages 15-28 of the draft. Do you agree with the Strategies in Ambition 1?

Ambition 1 - Strategy 1.1 Build a healthier and more resilient food system.:

Strongly agree

Ambition 1 - Strategy 1.2 Make sustainable healthy food and drinks more locally available.:

Strongly agree

Ambition 1 - Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.:

Strongly agree

Ambition 1 - Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.:

Agree

Ambition 1 - Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.:

Strongly agree

Ambition 1 - Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.:

Strongly agree

Ambition 1 - Strategy 1.7 Build more connected and safe community spaces that inspire people of all ages, abilities and cultures to engage in regular physical activity.:

Strongly agree

Ambition 1 - Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.:

Strongly agree

Ambition 1 - Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.:

Neither agree nor disagree

Ambition 1 - Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong relationship with healthy eating and physical activity.:

Strongly agree

Ambition 1 - Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.:

Strongly agree

Ambition 1 - Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.:

Strongly agree

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

Policy priorities across sectors, the lifecourse and related funding decisions at the federal, state and local levels can have a direct impact on opportunities to be active. These factors also impact access to environments and facilities that enable active living. Coordination across sectors is vital as there is no single policy solution to increasing physical activity, or any one sector that can do it on its own. Effective action requires an integrated, system-wide approach in consultation with policy makers and stakeholders from multiple sectors.

Strategy 1.7

We recommend that this strategy be reframed to reflect that active transport networks, recreation/sport infrastructure and natural environments are in fact all 'spaces'. This strategy should also enable the creation of conditions to facilitate active transport and the design of communities to ensure activities of daily living (e.g. shopping) are within walkable/cyclable distances.

Strategies 1.7-1.9

We recommend that these strategies reflect key agreed documents like the Global Action Plan on Physical Activity [1] and the Heart Foundation Blueprint for an Active Australia [2]. These documents provide specific and actionable strategies that have already been committed to and are well aligned with the objectives of the NOS.

For example, the Global Action Plan on Physical Activity includes 20 policy actions across 4 strategic objectives (create active societies, create active

environments, create active people, create active systems). Example policy actions include:

- Strengthen pre- and in-service training of professionals, within and outside the health sector, to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable opportunities for an active society including, but not limited to, the sectors of: transport, urban planning, education, tourism and recreation, sports and fitness, as well as in grassroots community groups and civil society organizations.
- Improve the level of service provided by walking and cycling network infrastructure, to enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities
- Enhance provision of, and opportunities for, more physical activity programmes and promotion in parks and other natural environments (such as beach, rivers and foreshores) as well as in private and public workplaces, community centres, recreation and sports facilities and faith-based centres, to support participation in physical activity, by all people of diverse abilities.

Strategy 1.10

There is strong evidence around the health and economic benefit of early intervention, particularly the first 2000 days yet this strategy focuses almost entirely on school-aged children and predominantly on education settings. We recommend that evidence on the first 2000 days is incorporated, and actions are added to support this.

References:

- 1 <https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf>
- 2 <https://www.heartfoundation.org.au/getmedia/6c33122b-475c-4531-8c26-7e7a7b0eb7c1/Blueprint-For-An-Active-Australia.pdf>

19 Are there any Strategies missing in Ambition 1?

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

Six of the listed strategies focus on food environments, but only three relate to physical activity. Furthermore, many of the built environment strategies for increasing supportive physical activity environments are combined into 1-2 large strategies. The Federal Government has committed to implementing the physical activity targets highlighted within the Global Action Plan on Physical Activity (GAPPA - referred to in Appendix 2). Proposed built environment (and other identified physical activity) actions are highlighted within GAPPA that would strengthen and help clarify the current list of physical activity related actions.

Overwhelmingly the focus in Ambition 1 is on creating supportive infrastructure to support walking and cycling. Research (Sahlqvist et al., 2015; Guell et al., 2013; Jones et al., 2012) shows that an environment supportive of walking and cycling is not sufficient to prompt behaviour change when the alternative (car travel) is more convenient. To that end, ASPA recommends a focus on disincentivising car travel alongside prioritising walking and cycling. Evidence based strategies that encourage more walking and cycling include:

- Introduce workplace bike fleets (including electric bikes) across Government department workplaces and provide cycle training and encouragement for staff
- Support, fund, evaluate and scale community initiatives bringing cycling to priority groups. Examples include a mums' bicycle group on Elcho Island (<https://www.abc.net.au/news/2021-10-26/nt-elcho-island-mums-bicycle-riding-group-oversubscribed/100567368>); Cycling Without Age (<https://cyclingwithoutage.org.au/>) and, in the UK, Wheels for Wellbeing for people with disabilities (<https://wheelsforwellbeing.org.uk/cycling-sessions/>)
- Remove the perverse financial incentives for driving and instead introduce financial incentives for cycling, such as the UK CycleScheme (<https://www.cyclescheme.co.uk/>) ride to work benefit
- Introduce road pricing to reduce congestion, improve the productivity of the existing road network, and provide the necessary replacement for fuel excise
- Make the General Urban Speed Limit 30km/h to improve safety for people using active transport

Physical literacy programs should be provided for children commencing in the early childhood period and throughout the school years. Continued support for physical literacy is needed throughout life. These should align with Sport Australia's Physical Literacy Statement and Framework (https://www.sportaus.gov.au/physical_literacy). It is important that strategies, approaches and programs used to change people's knowledge, skills and confidence are evidenced based and can be scaled up within existing service delivery systems. Criteria should be developed to define 'evidenced based scalable' programs/strategies and these should be prioritised for implementation.

Section 5: Ambition 2 - All Australians are empowered and skilled to stay as healthy as they can be.

20 Ambition 2 Strategies are outlined on pages 29-36 of the draft. Do you agree with the Strategies in Ambition 2?

Ambition 2 - Strategy 2.1 Improve people's knowledge, skills and confidence.:

Strongly agree

Ambition 2 - Strategy 2.2 Use sustained social marketing.:

Neither agree nor disagree

Ambition 2 - Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.:

Strongly agree

Ambition 2 - Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.:

Strongly agree

Ambition 2 - Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.:

Agree

Ambition 2 - Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.:

Strongly agree

Ambition 2 - Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.:

Strongly agree

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

Strategies, approaches and programs used to change people's knowledge, skills and confidence need to be evidence based and able to be scaled up within existing service delivery systems. Criteria should be developed to define 'evidenced based scalable' programs/strategies and these should be prioritised for implementation. Additional social marketing is not highly prioritised.

21 Are there any Strategies missing in Ambition 2?

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

Actions related to food literacy are addressed in Ambition 1. A similar action related to increasing physical literacy should be included within Ambition 2. This should ensure provision of physical literacy programs for children commencing in the early childhood period and throughout the school years, as well as continued support for physical literacy throughout life. These should align with Sport Australia's Physical Literacy Statement and Framework [1].

An action related to minimising sedentary behaviour and screen time should also be included given this is an objective of the National Physical Activity Guidelines.

Development of a database of evidenced based scalable programs/strategies should be made available for public health agencies, communities and services (the National Cancer Institute in US has created a database like this which could be used as an example [2]).

References:

1 https://www.sportaus.gov.au/_data/assets/pdf_file/0019/710173/35455_Physical-Literacy- Framework_access.pdf

2 www.ebccc.cancercontrol.cancer.gov/index.do

Section 6: Ambition 3 - All Australians have access to early intervention and primary health care.

22 Ambition 3 Strategies are outlined on pages 37-41 of the draft. Do you agree with the Strategies in Ambition 3?

Ambition 3 - Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.:

Strongly agree

Ambition 3 - Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.:

Agree

Ambition 3 - Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.:

Strongly agree

Ambition 3 - Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.:

Strongly agree

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

It is vital that early intervention programs and strategies are evidenced based and scalable within existing service delivery systems. Criteria should be developed to define 'evidenced based scalable' programs/strategies and these should be prioritised for implementation.

23 Are there any Strategies missing in Ambition 3?

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

N/A

24 What do you think are the 5 most important Strategies and the 5 least important Strategies, considering all Strategies across each of the 3 Ambitions, to address overweight and obesity? Please select 5 only in each column.

5 most/least important strategies - Strategy 1.1 Build a healthier and more resilient food system.:

5 most/least important strategies - Strategy 1.2 Make sustainable healthy food and drinks more locally available.:

5 most/least important strategies - Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.:

5 most/least important strategies - Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.:

5 most/least important strategies - Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.:

5 most/least important strategies - Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.:

5 most/least important strategies - Strategy 1.7 Build more connected and safe community spaces that inspire people of all ages, abilities and cultures to engage in regular physical activity.:

5 most important Strategies

5 most/least important strategies - Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.:

5 most important Strategies

5 most/least important strategies - Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.:

5 most/least important strategies - Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong relationship with healthy eating and physical activity.:

5 most important Strategies

5 most/least important strategies - Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.:

5 most/least important strategies - Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.:

5 most/least important strategies - Strategy 2.1 Improve people's knowledge, skills and confidence.:

5 most/least important strategies - Strategy 2.2 Use sustained social marketing.:

5 most/least important strategies - Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.:

5 most important Strategies

5 most/least important strategies - Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.:

5 most/least important strategies - Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.:

5 most/least important strategies - Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.:

5 most/least important strategies - Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.:

5 most/least important strategies - Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.:

5 most/least important strategies - Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.:

5 most/least important strategies - Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.:

5 most/least important strategies - Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.:

5 most important Strategies

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

ASPA believes obesity is a complex issue that requires a broad range of strategies to address and reduce its impact. All are important and as a result, ASPA has not selected any least important strategies.

Section 7: Making it happen

25 Part 4 Making it happen is outlined on pages 45-46 of the draft. Do you have any comments on Part 4 Making it happen?

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

Australia has a long history of strategy development aimed at addressing and reducing the burden of overweight and obesity that have had limited impact on preventing existing trajectories. Priority should be placed on translation and implementation of existing evidence, including the scale-up of promising evidence-based approaches. We must take a whole of systems approach to increasing physical activity and health across the Australian

population that draws from diverse instruments – including through the use of law, regulation and fiscal measures, and not just consumer education and voluntary industry initiatives.

The strategy should include dedicated evaluation plans that explicitly articulate how progress towards targets will be monitored. There is currently no regular physical activity monitoring system in Australia to monitor progress towards the physical activity objective. Current policy relies on inadequate information from ad hoc surveys. An effective monitoring and surveillance system includes, at a minimum, regular (at least every 5 years) population-based physical activity surveys. An ongoing system is essential to ensure workforce capacity building, and the development and continuation of infrastructure required for these activities.

26 Do you have any additional comments on the draft Strategy?

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

The strategy acknowledges via its objectives that a more active population is an integral component of addressing current trends of overweight and obesity. Development of a dedicated National Physical Activity Plan is an urgent priority to increase national levels of physical activity. It is important that a National Physical Activity Plan has cross-government and inter-sectoral buy-in, it should not reside with health or sport. There are excellent examples nationally (eg, Heart Foundation Blueprint [1]) and internationally (eg, WHO GAPPa [2]) to draw on. More than 30 countries globally have a Physical Activity Action Plan, including Scotland, Pakistan and New Zealand.

The focus on all domains of physical activity needs to be strengthened. The exclusion of behavioural targets in the national physical activity guidelines (e.g., sedentary behaviour, screen time, muscle strengthening, and sleep) is a major oversight. All of these behaviours have been shown to be important for preventing obesity from early in childhood to older adulthood.

REFS: 1. <https://www.heartfoundation.org.au/activities-finding-or-opinion/physical-activity-blueprint>

2. https://www.who.int/health-topics/physical-activity#tab=tab_1