

Response ID ANON-D6TS-MYRX-H

Submitted to Draft National Obesity Prevention Strategy
Submitted on 2021-11-02 10:06:54

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 response without my name but including my 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:
Marcia Balzer

4 What is your email address?

Email:
ceo@sleep.org.au

5 What is the name of your organisation?

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

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 professions

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):

There is clear evidence of the link between poor sleep and obesity, but the importance of healthy sleep tends to be absent from the strategy. (More details on the evidence base are included in question 26.) Although this link is acknowledged on page 4 of the draft strategy, it subsequently falls largely off the agenda. Healthy sleep must be included alongside healthy eating and physical activity throughout the strategy to accurately reflect the current science about the role of healthy sleep in weight management and obesity prevention. There is also a significant link between obesity and the prevalence of sleep disorders, which means the treatment of sleep disorders (especially obstructive sleep apnoea and obesity hypoventilation syndrome) is an important consideration in preventing and addressing obesity. There are five major root causes of obesity that are potentially modifiable - suboptimal dietary choices, lack of physical activity, stress, sleep deprivation and circadian dysregulation. The latter two causes are major modifiable factors which sleep physicians routinely address as well as sleep disorders. The virtual absence of sleep factors in the draft strategy is an important and significant omission and should be rectified.

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):

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.:

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

Strongly agree

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?

Agree

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?

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

Agree

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

Agree

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

Agree

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

Agree

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

Agree

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.:

There is clear evidence of the link between poor sleep and obesity, but the importance of healthy sleep tends to be absent from the strategy. (More details on the evidence base are included in question 26.) Although this link is acknowledged on page 4 of the draft strategy, it subsequently falls largely off the agenda. Healthy sleep must be included alongside healthy eating and physical activity throughout the strategy to accurately reflect the current science about the role of healthy sleep in weight management and obesity prevention. There is also a significant link between obesity and the prevalence of sleep disorders, which means the treatment of sleep disorders (especially obstructive sleep apnoea and obesity hypoventilation syndrome) is an important consideration in preventing and addressing obesity. There are five major root causes of obesity that are potentially modifiable - suboptimal dietary choices, lack of physical activity, stress, sleep deprivation and circadian dysregulation. The latter two causes are major modifiable factors which sleep physicians routinely address as well as sleep disorders. The virtual absence of sleep factors in the draft strategy is an important and significant omission and should be rectified.

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.:

Agree

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

Agree

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

Agree

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

Ambition number 2 should include healthy sleep: "building knowledge, skills, strengths, and community connections to support healthy eating, healthy sleep and physical activity...."

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:

Agree

Enablers - Better use of evidence and data:

Agree

Enablers - Invest for delivery:

Agree

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

17 Are there any Enablers missing?

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

No, but how they're expressed should include healthy sleep alongside healthy eating and physical activity. For example, Enabler 2.1 should include better national data gathering on sleep duration and quality given its clear impact on obesity prevention and management. Healthy sleeping should also be added to Enabler 3.2: "Investigate ways of shifting economic policies, subsidies, investment and taxation systems to more strongly benefit healthy eating, healthy sleeping and active living..."

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.:

Agree

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

Agree

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

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.:

Agree

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

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.:

Agree

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

Agree

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

Agree

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.:

Agree

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

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.:

Agree

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

Strategy 1.10 should include healthy sleep alongside healthy eating and physical activity: "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, healthy sleep and physical activity. Integrate actions across leadership, policy, teaching and learning, environments and partnerships". The first two examples should also be amended to read: "physical activity, healthy sleep, healthy eating and wellbeing".

Strategy 1.11 should be similarly amended, particularly given the level of evidence that the sleep of adults is often restricted due to work commitments.

Shiftworkers make up 15% of the working population and experience restricted sleep times and disruption to their body clock (circadian system) that is linked to increased appetite, obesity and impaired work performance including accidents. The Parliamentary Inquiry on Sleep Health Awareness in Australia (2019) recommended a “nationally consistent approach to working hours and rest breaks for shift workers”.

Our suggested wording for Strategy 1.1 is: “Enable workplaces to better support the health and wellbeing of their workers. Establish facilities, policy, practice, programs, and incentives to:

- increase physical activity, healthy sleep, active travel, and healthy eating
- reduce sedentary behaviour
- support breastfeeding.”

The first and last examples listed should also be amended to include healthy sleep: “...family time, healthy sleep and physical activity...” and “...to support healthy eating, physical activity, healthy sleep and healthy weight.”

19 Are there any Strategies missing in Ambition 1?

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

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.:

Agree

Ambition 2 - Strategy 2.2 Use sustained social marketing.:

Agree

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

Agree

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

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.:

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.:

Agree

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

Both examples for Strategy 2.1 should include healthy sleeping: “...Australian guidelines for healthy eating, healthy sleeping, alcohol, physical activity, and sedentary behaviour...”

The first example for Strategy 2.2 should include healthier sleeping: “... encouraging healthier eating, healthier sleeping and being more physically active...”

Strategy 2.3 highlights the importance of adequate sleep for obesity prevention in children and adolescents. This should be included in the first two examples: “...Embed support for healthy eating, healthy sleeping and physical activity into standard maternal health service practice...” and “... Strengthen and provide healthy eating, healthy sleeping and physical activity guidance and support for parents after birth...” Adolescents are particularly susceptible to the effects of sleep loss based on physiological advancement of their circadian rhythm (leading to later bedtime and getting up times), social pressures and excessive screen time usage.

The third example in Strategy 2.4 should include healthy sleeping: “...to enhance and support their physical activity, healthy eating, healthy sleeping, and wellbeing...”

The final example in Strategy 2.5 should include healthy sleeping: “Support diverse local leaders to ‘champion’ healthy eating, healthy sleeping and physical activity initiatives...”

The description for Strategy 2.6 should include healthy sleeping: “Support targeted actions that enhances active living, healthy sleeping and healthy food and drink opportunities within priority populations...” Research has shown that Aboriginal and Torres Strait Islander people are particularly susceptible to adverse health outcomes linked to reduced sleep times.

21 Are there any Strategies missing in Ambition 2?

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

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.:
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.:
Agree

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

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

The third and fourth example in Strategy 3.1 should include healthy sleeping: "...information and support for healthy eating, healthy sleeping, physical activity and healthy weight..." and "Create new standards for healthy eating, healthy sleeping, physical activity and weight management programs..."

3.2 Enhance models of care and referral pathways for recognition of sleep disorders (eg OSA, insomnia) to facilitate diagnosis and management (eg sleep study access, access to sleep psychologist and CBT for insomnia)

The first example in Strategy 3.4 should include healthy sleeping: "Build the primary health care workforce capacity to support healthy eating, healthy sleeping and physical activity..." The third example in Strategy 3.4 could include sleep disorders as one of the co-morbidities of obesity.

Strategy 3.4 should include an additional example: "Provide training to primary care health professionals to recognise and manage sleep loss and sleep disorders that contribute to obesity."

23 Are there any Strategies missing in Ambition 3?

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

Currently, availability and accessibility of sleep disorder services - including sleep psychology for insomnia and affordable pathways to obstructive sleep apnoea treatment - vary widely across the country. Improving consistency and affordability of services for managing sleep disorders would contribute to achieving obesity prevention and management goals.

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/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/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 important Strategies

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 important Strategies

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 important Strategies

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.:

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

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.:

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

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

As mentioned briefly in question 8, there is clear evidence of the role of adequate sleep in the prevention and management of obesity. While the draft strategy acknowledges the evidence in relation to children and adolescents, healthy sleep is an essential component of good health for people of all ages and this should be included in the draft strategy alongside considerations of healthy eating and physical activity. The first recommendation of the Parliamentary Inquiry on Sleep Health Awareness in Australia, tabled in April 2019 by the Standing Committee on Health, Ageing and Sport, highlighted the importance of sleep being recognised as an essential pillar of health alongside diet and exercise. This strategy is an ideal place to start recognising and implementing the inquiry's essential recommendations.

A systematic review and meta-analysis by Bacaro et al (2020) concluded that short sleep duration was significantly associated with the risk of future obesity in adults. Ogilvie and Patel (2017) observed that despite growing evidence that "short sleep duration and other aspects of poor sleep are associated with obesity and appear to predict obesity risk and rate of weight gain longitudinally", the causal link is yet to be proven. There is also room for research into the role of sleep interventions in obesity risk and obesity management.

A review by Coughlin and Smith (2014) highlighted the complex relationships between sleep and weight in adults. They recommend that clinicians "should consider adding sleep to the multifactorial and interactive list of factors that contribute to obesity." These might include behaviour therapy for insomnia, behavioural sleep extension approaches for short sleepers, and light-therapy/melatonin supplementation for circadian rhythm disorders.

Obesity itself is a significant contributor to sleep disorders such as obstructive sleep apnoea. For people living with obesity, this co-morbidity has a high prevalence, and potentially serious health implications. A national obesity prevention strategy should definitely acknowledge obstructive sleep apnoea as a significant co-morbidity of obesity alongside mental health issues and chronic diseases such as heart disease and type 2 diabetes.

References:

Valeria Bacaro et al. (2020) Sleep duration and obesity in adulthood: An updated systematic review and meta-analysis. *Obesity Research & Clinical Practice*, 14, 301–309.

Janelle W. Coughlin & Michael T. Smith (2014) Sleep, obesity, and weight loss in adults: Is there a rationale for providing sleep interventions in the treatment of obesity?, *International Review of Psychiatry*, 26:2, 177-188.

Rachel P. Ogilvie & Sanjay R. Patel (2017) The epidemiology of sleep and obesity. *Sleep Health*, 3:5, 383–388.