



WA Healthy Weight Action Plan 2019-2024

Taking action on early
intervention and
management for people
at-risk of or with overweight
and obesity



Produced by Health Networks © WA Department of Health 2019

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

Suggested citation

Western Australian Department of Health. WA Healthy Weight Action Plan 2019-2024. Perth: Health Networks, Western Australian Department of Health; 2019.

Important disclaimer

All information and content in this Material is provided in good faith by the Western Australian Department of Health, and is based on sources believed to be reliable and accurate at the time of development. The State of Western Australia, the Western Australian Department of Health and their respective officers, employees and agents, do not accept legal liability or responsibility for the Material, or any consequences arising from its use.

Using the term Aboriginal

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Acknowledgement

The authors acknowledge the use of several images in this document are courtesy of the [World Obesity Federation](#)

Contact information

For further information contact Health Networks, Western Australian Department of Health on (08) 9222 0200 or healthpolicy@health.wa.gov.au



Contents

Acknowledgements	2
Minister's Foreword	4
Message from WA Primary Health Alliance and Health Consumers' Council	5
Introduction	7
Purpose	7
Scope	8
Developing the Action Plan	9
Context	9
A new approach for action	12
Framework for action	15
1. Connect better	16
2. Change how we talk about weight	18
3. Better access and care coordination	20
4. Build workforce capability and confidence	24
5. Quality improvement	28
6. Innovation	30
7. Empower the community to take action	32
How to use the Action Plan	34
Working with key communities	34
Understanding the strategies and action	35
Implementing the Action Plan	35
Monitoring progress	37
References	39
Glossary	41
Acronyms	42
Appendices	43
Appendix A: Defining overweight and obesity	43
Appendix B: Stakeholders	44
Appendix C: Summary of consultation to develop the Action Plan	46
Appendix D: Strategic alignment	48
Appendix E: Infographic references	49
Appendix F: Critical building blocks	50

Acknowledgements

The *WA Healthy Weight Action Plan 2019-2024* is the result of extensive consultation and considered commentary from a significant number of people with overweight and obesity, [Health Service Providers](#), non-government service providers, health professionals and organisations from across the Western Australia (WA) health system and community. We would like to sincerely thank all of the people involved in the development of the Action Plan. Creating system change is not possible without the insights, advice, and experiences of people working in and using the WA health system. We greatly appreciate your time, advice, knowledge, passion and energy that you brought to the various consultation activities that were conducted to develop the Action Plan.

Project Leadership Group Members

We would like to sincerely thank the members of the Project Leadership Group who provided content expertise and insight, community and organisational linkages, strategic guidance and a commitment to optimising the health and wellbeing outcomes of consumers in WA.

Role	Name	Position
Chair	Megan Burley	A/Director, Health Networks Unit
Member	Pip Brennan	Executive Director, Health Consumers' Council
Member	Professor Tim Davis	Co-Lead, Diabetes and Endocrine Health Network
Member	Chris Kane	General Manager, Strategy and Health Planning, WA Primary Health Alliance
Member	Dr Hemant Kulkarni	Co-Lead, Renal Health Network
Member	Clare Mullen	Engagement Manager, Health Consumers' Council
Observer	Dr Gina Ambrosini	Principal Policy Officer, Chronic Disease Prevention Directorate
Observer	Emily Davey	A/Principal Policy Officer, Chronic Disease Prevention Directorate
Project Manager	Helen Mitchell	Senior Development Officer, Health Networks Unit
Project Officer	Whitney Darlaston-Jones	A/Senior Policy Officer, Health Networks Unit

Consumers

We would like to sincerely thank the people with lived experience who were involved in developing the Action Plan. Your advice, guidance, and stories have been invaluable in providing a critical perspective to how health services can be best delivered to support your health and wellbeing. In particular, we would like to thank the people who shared their personal stories for the Obesity Collaborative Summit 2018 and the people who agreed to be photographed to be the face of the Action Plan. The stories of your experiences have been essential in framing our consultations with health providers and determining the focus of the Action Plan. Contributions from people with lived experience make a real difference and enable us to plan and deliver better health services. Thank you.



Minister's Foreword

As Health Minister, I'm really pleased to present our State's first ever *WA Healthy Weight Action Plan 2019-2024*.

This plan provides us with an important opportunity to ensure that Western Australians, who are at risk of becoming overweight or live with overweight or obesity, are supported on their health journey.

It features practical and evidence-based guidance and identifies priorities for action for WA Health, the WA Primary Health Alliance and Health Consumers' Council to ensure that we work together to reduce the rate of obesity in WA.

The rise in obesity is one of the most critical public health challenges we face today. It is one of the leading contributors to the burden of disease in WA -- second only to smoking.

As many as 67 per cent of Western Australian adults and one in four children are overweight or obese.

Obesity can significantly impact a person's health over their lifetime. This includes potentially developing chronic health conditions and mental health issues.

It can also impact personal relationships, employment and often prevents people participating fully in society.

The State Government's Sustainable Health Review recommends a halt in the rise of obesity in WA and sets a goal of having Australia's highest percentage of population with a healthy weight by 2029.

Reducing the rate of obesity is a collective responsibility – everyone has an important role to play.

Our Action Plan is a collaborative endeavour which has had extensive input from people with lived experience, non-government agencies, private providers, and professionals from across the WA health system.

It is aligned to national efforts and strategies and covers early intervention, management and treatment, and working with primary care, government and non-government agencies, consumers and carers, and industry.

I would like to thank everyone involved for their valuable insights and dedication to this project and look forward to this important work being continued across the WA health sector and throughout the State.

Hon Roger Cook

Deputy Premier

Minister for Health

Message from WA Primary Health Alliance and Health Consumers' Council

We are pleased to be partnering with WA Health on the inaugural *WA Healthy Weight Action Plan 2019-2024*. We have been excited to bring the voices of consumers and primary care professionals and stakeholders to the conversation about this important issue.

Improving the lives of people with overweight and obesity in WA is a key recommendation from the Sustainable Health Review Final Report. It is also an area of priority for the Council of Australian Governments' Health Council, with the delivery of the National Obesity Summit in February 2019 and the current development of the National Obesity Strategy.

Achieving real and lasting change in the way our health services and communities are designed and delivered requires community members, clinicians and government to work together in new ways. It is only through genuine and ongoing partnerships that the WA community will realise the benefits of a halt to the rise in obesity in WA.

The *WA Healthy Weight Action Plan 2019-2024* is a first step to achieving our collective goals of improving the lives of Western Australians. We look forward to partnering with the people who work in WA Health, the primary health care sector, and other organisations, as well as with people with lived experience from across WA to implement this Action Plan.

Learne Durrington

Chief Executive Officer

WA Primary Health Alliance

Pip Brennan

Executive Director

Health Consumers' Council



Introduction

Purpose

The *WA Healthy Weight Action Plan 2019-2024* (hereafter, the Action Plan) is a map for action over the next five years to support coordinated activity that will positively impact the [early intervention](#) and [management](#) of overweight and obesity in WA (refer to [Appendix A: Defining overweight and obesity](#)).

- Early intervention is defined as the provision of support or interventions to a person or family at-risk of becoming overweight (at the high end of the healthy weight range) to prevent a foreseeable decline in their health.
- Management is defined as the provision of support or interventions to a person or family with overweight or obesity that will enhance health and wellbeing outcomes, prevent further weight gain or support weight loss. Management services can incorporate a range of social, psychological, medical and surgical assistance delivered by a range of professionals and peer supports in an integrated care framework.

The Action Plan aligns to the Sustainable Health Review Final Report Strategy 1 Recommendation 2a: Halt the rise in obesity in WA by July 2024 and have the highest percentage of population with a healthy weight of all states in Australia by July 2029.¹

It is recognised that maintaining a healthy weight and lifestyle is part of a continuum of care from prevention through to treatment and a life-long journey. Therefore, this Action Plan connects to and supports existing work in obesity prevention to ensure consistency from [prevention](#) through to early intervention and management.

This Action Plan is intended to be a catalyst to support ongoing system-wide change and reorientation of services. A key function of the Action Plan is to enable and maintain innovation and continuous quality improvement in the way the public health system plans, funds and delivers early intervention and weight management services and programs.



Scope

The focus of the Action Plan is [early intervention](#) of people identified as at-risk of becoming overweight and [management](#) of people who currently live with obesity. Taking action in the early intervention and management space is not only about providing additional services or programs to the community or ensuring adequate workforce numbers and capacity. It is also about addressing the system processes that impact, influence, or directly define the:

- types of services and programs that are available
- ways that the public health system works
- organisational culture related to weight stigma, which influences decision making related to service and workforce provision.

This Action Plan complements the existing preventive work outlined in the [WA Health Promotion Strategic Framework 2017 – 2021](#),² outcomes from the [Preventive Health Summit Summary Report](#),³ and the [State Public Health Plan for WA 2019-2024](#).⁴ These key documents address the population-wide strategic preventive actions such as legislative changes, taxes and creating healthy environments that are required to support the creation of a healthy community.

The Action Plan has been developed primarily for use by the WA health system and WA Primary Health Alliance (WAPHA). However, it is anticipated that the document will be useful for all agencies and organisations with an interest in initiatives related to the early intervention and management of overweight and obesity, particularly those who work in partnership with government and in health and community care settings.



Developing the Action Plan

The Action Plan is the result of collaboration between WA Health, WAPHA, Health Consumers' Council (HCC) and over 1000 stakeholders (consulted between March 2018 and February 2019) under the banner of the WA Obesity Collaborative Project (refer to [Appendix B: Stakeholders](#) and [Appendix C: Summary of consultation to develop the Action Plan](#)). The consultation focused on the current consumer journey and highlighted a number of key gaps and barriers in the health system. Working with people with overweight and obesity, and people directly responsible for delivering services was the highest priority throughout the development of the Action Plan. The intent was to make sure the strategies and actions that were developed were practical, person- and family- centred, and supported consumer empowerment.

Stakeholders identified multiple areas for action that would improve support for consumers. These action areas were narrowed to the essential actions that need to take place in the next five years to establish strong and effective foundations for long term sustainable change. Focussing collective attention on these foundational steps will set the path for long term success. The process of consultation has created an environment for ongoing conversations and momentum which will be harnessed to progress implementation with the support of the growing membership of the WA Obesity Collaborative.

Context

In 2017-18, 67% of Western Australian adults and 25% of children lived with overweight and obesity.⁵ By 2025, projections for overweight and obesity in Australian adults over the age of 20 are 83% for men and 75% for women and 30% for children aged 5 to 19 years.⁶ There are significant personal, social and economic costs associated with obesity. In 2011, it was estimated that overweight and obesity would cost the WA health system \$488.4 million by 2021.⁷ There is a clear need for action to support people with overweight and obesity to help them improve their health outcomes by maintaining or reducing their weight.

Obesity is a complex and multi-factorial chronic condition with genetic, environmental, physiological and behavioural determinants that requires long-term care.⁸ However, discussions relating to the causes of obesity are often oversimplified to focus only on a person's behaviours regarding food choices, levels of exercise, or knowledge of nutrition. A shift in thinking is required to reframe the popular debate about obesity and its potential solutions to move away from individual blame and stigma to a framework that acknowledges the collective responsibility to address obesity. This approach recognises other contributing factors such as the [social determinants](#) of health and the [obesogenic environment](#).

Early intervention and management of overweight and obesity requires multi-component, multi-levelled strategies, preferably delivered as part of an integrated shared care model, over the course of a person's life. This model should match service intensity and type to the needs of the person or family and their unique risk factors to improve their health and wellbeing. Success in developing a public health system to support this is predicated on:

- overcoming the existing barriers within the WA health system
- responding to the issue of obesity from a [systems approach](#) that takes into account the multi-levelled and complex causes of obesity that impact early intervention and management
- understanding the key drivers at a state level
- understanding the challenges faced by individual communities across WA
- identifying ways to reorient existing and create new systems, structures and processes to deliver better health outcomes.⁹

This Action Plan sits within a suite of existing obesity and health related action each targeting a different yet complementary aspects of the causes of obesity (refer to [Appendix D: Strategic alignment](#)).

- National level
 - [Select Committee in the Obesity Epidemic in Australia](#)¹⁰
 - [National Obesity Summit and Strategy](#)
 - [The Collective for Action on Obesity](#)
- State level
 - [Sustainable Health Review](#)¹
 - [State Public Health Plan for Western Australia](#)⁴
 - [WA Health Promotion Strategic Framework 2017 – 2021](#)²
 - [Preventive Health Summit Summary Report](#)³

At the time of writing this Action Plan, WA Health is considering its response to the recommendations in the Sustainable Health Review Final Report and undertaking early action planning. As a result of this, further strategies related to obesity are expected to be identified that will work in conjunction with this Action Plan.

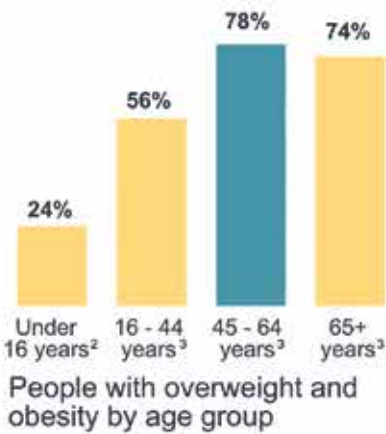


[Refer to Companion Resource](#)

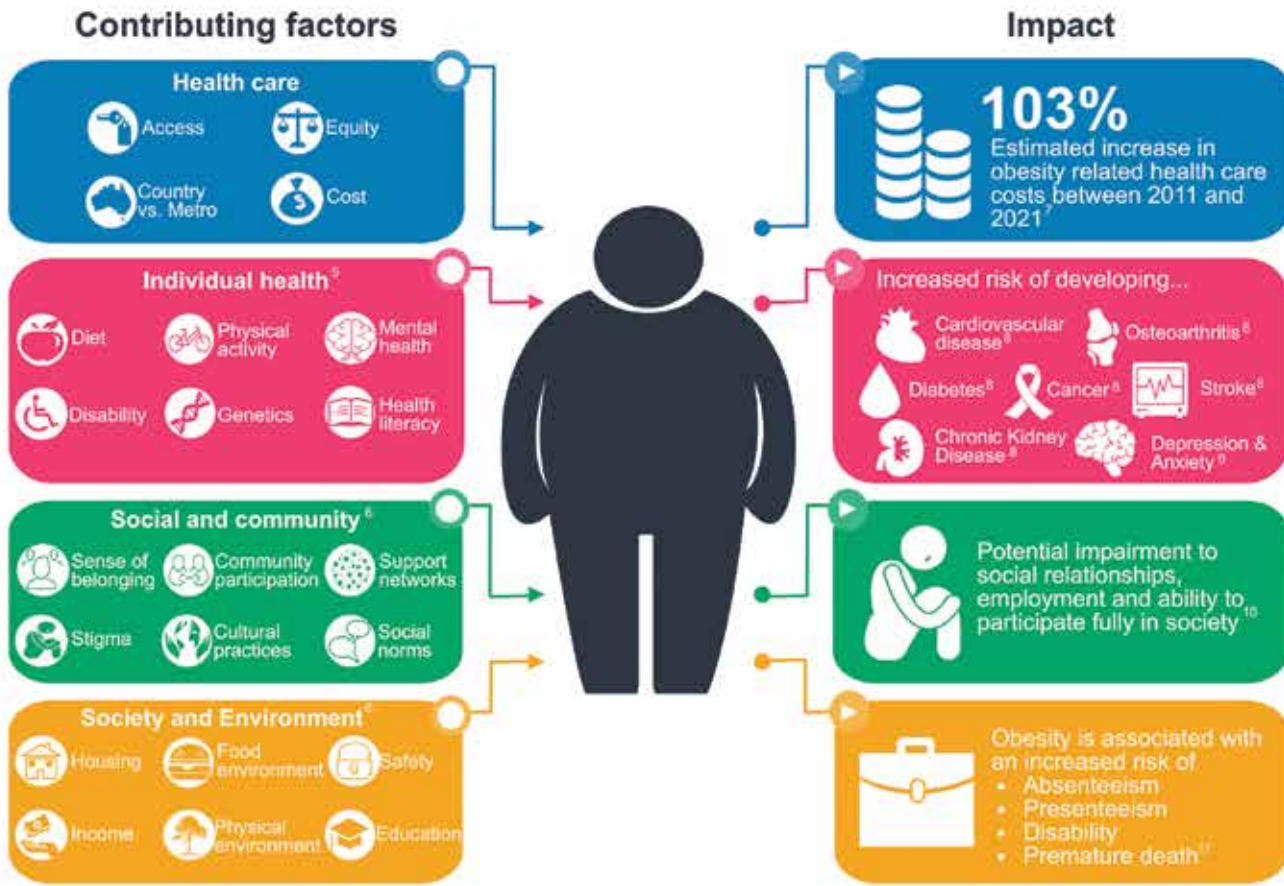
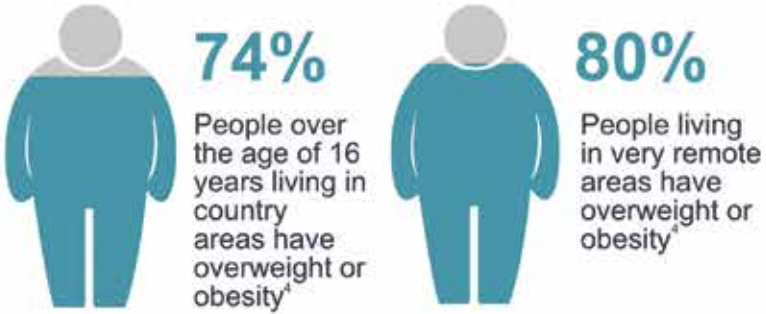


Living with overweight & obesity

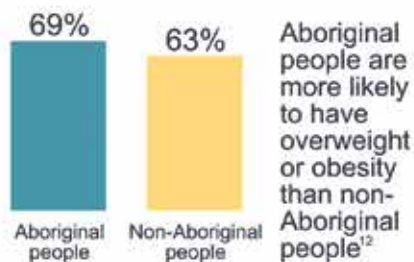
In WA



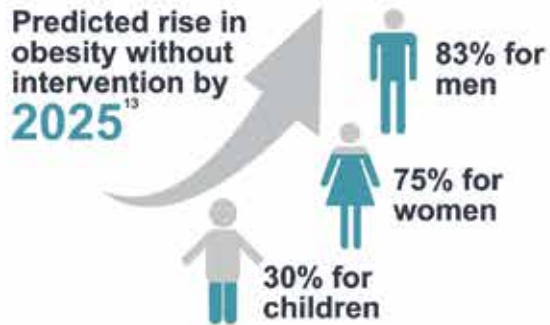
1.13 M Western Australians have overweight or obesity¹



In Australia



2.3x Higher rates of obesity related disease burden experienced by the people with the most disadvantage⁶

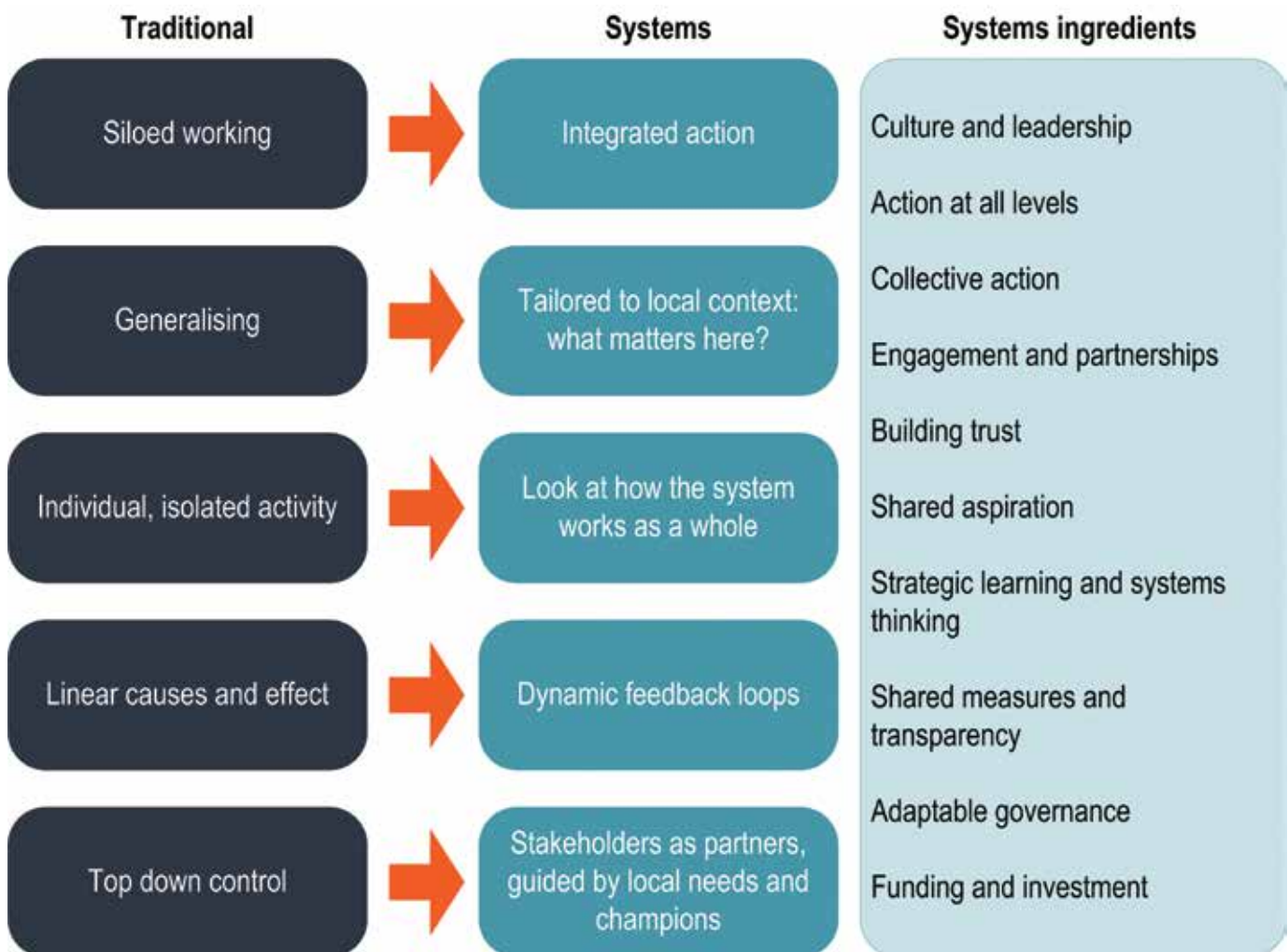


See [Appendix E: Infographic References](#)

A new approach for action

To achieve the required shift in thinking to tackle obesity effectively, action needs to be addressed through a [systems approach](#). Public Health England’s [Whole systems approach to obesity](#) guidance states that a systems approach ‘enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change.’¹¹ Figure 1 shows the components of the traditional approach to obesity and how it is different to a systems approach (refer to [Appendix F: Critical building blocks](#)).

Figure 1: Moving from a traditional approach to a systems approach to tackling obesity.



Adapted with permission from Public Health England (2019). Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight. London, Public Health England and Dobbs, R., et al. (2014). Overcoming obesity: An initial economic analysis. Discussion paper., McKinsey Global Institute.

The systems approach for obesity relies on the understanding that there are factors at play at all levels of society that impact whether a person or family will become overweight or obese. Often these factors negatively reinforce weight gain; however, targeting effective action at each level can have a protective and positive influence and support people and families to improve their health and wellbeing. The levels at which action is recommended to take place are defined as:⁹

- Governance (macro): policies, procedures and ways of working; social norms; cultural practices; laws and regulation; state-wide systems such as food production and transport, land use and urban design; and systems of governance, processes and procedures used by large organisations such as government entities.
- Service (meso): the settings in which behaviours or interactions occur such as schools, hospitals, workplaces, and public spaces and the social and cultural norms, rules, or processes that govern these settings.
- Individual and community (micro): the person or family unit, their decisions, habits and behaviours; the communities and social circles they operate within; and how these impact their points of view, behaviours, and understanding of the world and issues such as obesity.

This Action Plan considers the lessons learnt from national and international program initiatives, research and consultation and applies them to the systems approach to determine how the public health system and its partners can support the WA community.^{12, 13, 14, 15, 16} Effectively halting and reversing obesity will require the implementation of a comprehensive suite of initiatives that activates change at all levels and takes into account the ways in which factors at each level of the system interact and impact each other.¹³ It is acknowledged that changes required to halt the rise of obesity are significant; however, by working together and coordinating action across the small areas (or [spheres of influence](#)) that each organisation and team has control over, change will occur.



[Refer to Companion Resource](#)





Framework for action



Critical Building Blocks

- | | |
|-----------------------------|---|
| Culture and leadership | Shared aspiration |
| Action at all levels | Strategic learning and systems thinking |
| Collective action | Shared measures and transparency |
| Engagement and partnerships | Adaptable governance |
| Building trust | Funding and investment |

1. Connect better

Coordinate action across government and organisations to enable timely and sustainable changes that will halt the rise of overweight and obesity in Western Australia.



Outcome

Coordinated approach and connected conversations to improving early intervention and weight management services across WA based on co-design and collaboration.

Consumer Experience

I am confident that the system and services that are in place to provide guidance and support are well connected to help me maintain and manage my weight.

Action to halt the rise of overweight and obesity in WA is most likely to succeed if it is coordinated, connected, consistent and localised with each organisation, government agency and community working to their strengths to make sustainable changes to the causes of obesity and barriers impacting early intervention and management. Key points that were raised during consultations relating to the scope of this work included:

- disconnected services resulting in a lack of health and social care professionals' knowledge about what existed and difficulty in coordinating care
- lack of coordination or collaboration to develop policy across health sectors that relate to obesity
- lack of sharing between teams and organisations resulting in fragmentation
- duplication of efforts to create governance and service level changes that tackle overweight and obesity.

WA has one of the largest and most isolated single health jurisdictions in the world. As such, it has unique challenges such as population densities, rural and remote communities, diverse population groups and an aging population that impact the planning, design, and delivery of health. In this context, it is essential to build relationships and collaborative networks with consumers, the organisations delivering services (public, private, and not for profit), and government agencies to keep activities aligned and connected. Connecting better allows the community and organisations that serve them to work towards a common agenda, with common measures for success, learn from existing success stories, and leverage the different strengths, resources, capacity, abilities and knowledge of each partner to create lasting change.



Actions	Lead
<p>1.1 Formalise the establishment of the WA Obesity Collaborative. The purpose of the WA Obesity Collaborative is to connect agendas, and drive, facilitate and coordinate action within in the scope of the Action Plan.</p> <p>It is anticipated that this action will connect with the Community of Change (action 1.2) as a way to support engagement with a broader group of</p> <p>Strategic Alignment</p> <p>SHR Strategy 1, Recommendation 4</p>	<ul style="list-style-type: none"> ▪ Department of Health (coordinate establishment) ▪ HCC ▪ WAPHA
<p>1.2 Develop a Community of Change for people, including consumers, to come together and:</p> <ul style="list-style-type: none"> ▪ share evidence, knowledge, experiences and perspectives on approaches for action ▪ discuss the latest developments relating to early intervention and weight management ▪ discuss mechanisms for leveraging partnerships to create change. <p>Implementation building block:</p> <ul style="list-style-type: none"> ▪ Primary Health Exchange <p>Strategic Alignment</p> <p>SHR Strategy 7, Recommendation 23</p>	<ul style="list-style-type: none"> ▪ Department of Health ▪ HCC ▪ WAPHA

2. Change how we talk about weight

Reduce weight stigma and enable people to engage in supportive conversations with their chosen health or social care professional about improving their health and wellbeing outcomes and achieving a healthier weight.



Outcome

Improved community, health professional and service provider understanding and attitudes related to the impact of stigmatisation of obesity on individuals, families and the community.

Consumer Experience

I feel comfortable talking about my weight journey with my chosen health and social care professional/s and/or support person.

Given the stigma associated with overweight and obesity and the high risk of avoidance of health care,^{17,18, 19} it is essential that the language and imagery used by health and social care professionals, in communications and media, marketing campaigns, policy, health information, and health services and programs are respectful, empowering, and challenge the social norms and stereotypes that frame people with overweight and obesity in a negative light. In addition, it is important that health professionals are equipped with the education, tools and resources they require to have respectful and empowering conversations with the people they see, and their family or carers, to raise the issue of weight and potential weight related health issues from a person-and family-centred point of view, support referrals to additional services, and follow-up with their patients to ensure coordinated care.



‘I spoke to my GP (about trying a particular diet) and she said ‘we can do that together’

Actions	Lead
<p>2.1 Adapt and implement an empowerment-based communications guide for WA Health and WAPHA to use when producing communications, media, policies and strategies, consumer information and more.</p> <p>Implementation building block:</p> <ul style="list-style-type: none"> <u>Obesity Australia's Rethink Obesity: A media guide on how to report on obesity.</u>²⁰ 	<ul style="list-style-type: none"> Department of Health HCC WAPHA
<p>2.2 Adopt the language of <u>health at every size (HAES)</u> (particularly for children and young people) complemented by the principle of modest weight reductions of 5-10% (when clinically appropriate) when planning and designing obesity related health information, programs and services.</p>	<ul style="list-style-type: none"> Department of Health HCC WAPHA



3. Better access and care coordination



Create clearly defined person-and family-centred integrated care pathways with access to appropriate public services at the right time, right place, and with the right team that can be tailored to the needs of the individual or family.

Outcome

- A. People and families have access to a variety of publically funded options to support and empower them to improve their health and wellbeing and achieve a healthier weight.
- B. Clear service pathways exist that enable improved access to services, programs and support.
- C. Make every contact count.

Consumer Experience

I can easily access the type of free or low cost support I need to help me improve my health and wellbeing, manage my weight effectively, and I can access it when I need it, where need it and from people I can trust.

There are a number of factors involved in access and care coordination that impact consumers' as well as all service providers' ability to increase attendance, program success and long-term financial viability, these include but are not limited to:

- Cost, location, restrictive access criteria and restrictive modes of delivery (e.g. face to face during business hours)
- No clear pathway for people to access consistent support in the public system
- Health professionals and consumers do not know what services and programs exist
- Limitation of funding for programs and services to provide long-term support
- Limitations of Medicare Benefits Schedule (MBS) items

‘The health system needs to acknowledge difference and that people will want and need different things on their weight loss/being healthy journey’

Services and programs that support early intervention and weight management need to be diverse and accessible across WA and ensure effective engagement with key communities, including people with complex needs such as people with disability or those in low-income situations.²¹ In addition, it is acknowledged that many people are already proactively choosing to spend time and resources on private services, programs, technologies and memberships in the effort to manage and maintain a healthier weight. Therefore, it is important to recognise and communicate that the intention of enhancing access to publically funded services and programs does not attempt to replace these private options, but complements them to ensure the most vulnerable members of our community have access to the services and programs they need, and that early intervention and weight management care can be coordinated for Western Australians who want to access it.

Actions	Lead
---------	------

- | | |
|---|--|
| <p>3.1 Scope the development and implementation of an integrated care model for early intervention and management of overweight and obesity.</p> | <ul style="list-style-type: none"> ▪ Department of Health ▪ HCC ▪ WAPHA |
|---|--|

Implementation building blocks:

- Central to this is:
 - providing a variety of services or programs
 - matching service intensity and type to the person's and family's needs and risk factors
 - linking to existing services and programs that support the management of chronic conditions and people with complex health and social needs
 - consideration of piloting the integrated model in partnership with key organisations in identified high impact areas
 - National Institute for Health and Care Excellence (NICE) UK [Weight management: Lifestyle services for overweight or obese adults](#)²² and the [Weight management: lifestyle services for overweight or obese children and young people](#)²³ public health guidelines.

Strategic Alignment

SHR Strategy 4, Recommendation 10
 SHR Strategy 4, Recommendation 11b
 SHR Strategy 4, Recommendation 12

- | | |
|--|--|
| <p>3.2 Review and update the existing weight management pathways on HealthPathways WA to include steps for brief intervention and information on referral options for supports, services and programs in WA for all age groups.</p> | <ul style="list-style-type: none"> ▪ WAPHA ▪ HCC |
|--|--|

Actions	Lead
---------	------

3.3 Develop a clinical framework for the delivery of obesity services in the WA public health system based on the integrated care model (action 3.1). This clinical framework will outline a comprehensive care pathway for people currently with obesity and are at risk of/ or experience health conditions associated with obesity.

- Department of Health
- HCC

The pathway will consider the need for:

- access to comprehensive multidisciplinary assessment
- coordination of support/interventions for the management of obesity (including access to publically funded bariatric surgery).

Multidisciplinary teams should consider the following health professionals and work in partnership with primary care, other specialties, Aboriginal health, and social and community services as required:

- Medical specialists e.g. bariatricians, endocrinologists
- Allied health e.g. dieticians, exercise physiologists
- Mental health e.g. psychologists

Strategic Alignment

SHR Strategy 1, Recommendation 4

3.4 Enhance access to appropriate early intervention and weight management health services or health professionals for children and families, such as through [Child and Parent Centres](#) and locations where [KindiLink](#) is available.

- Child and Adolescent Health Service
- Department of Education
- HCC

Strategic Alignment

SHR Strategy 3, Recommendation 8
 SHR Strategy 4, Recommendation 11b
 SHR Strategy 4, Recommendation 12

Actions	Lead
<p>3.5 Adapt existing community and health service intervention models to be fit for purpose for WA and prototype in targeted metropolitan and country areas with the goal of scaling up for further roll out across WA.</p> <p>Implementation building block:</p> <ul style="list-style-type: none"> Work undertaken by City of Cockburn Lessons from international and national examples <p>Strategic Alignment</p> <p>SHR Strategy 1, Recommendation 4 SHR Strategy 5, Recommendation 16</p>	<ul style="list-style-type: none"> Department of Health HCC HSPs WAPHA
<p>3.6 Collaborate with the Collective for Action on Obesity to regularly provide WA information for the System Activity Map to inform the community and health and social care professionals of available services and programs in WA.</p>	<ul style="list-style-type: none"> Department of Health HCC WAPHA Collective for Action on Obesity



4. Build workforce capability and confidence



Create an adaptive workforce that can respond confidently, respectfully and effectively to the needs of the community.

Outcome

Create a more agile, responsive and well equipped health workforce to work in a person- and family-centred way to empower people to seek support in the early intervention and management of overweight and obesity.

Consumer Experience

I can access a variety of health and social care professionals or peer supports of my choosing who have the capacity and knowledge to work with me during my weight management journey.

Given the complexities that cause obesity, no single specialty or professional group has the necessary knowledge, skills, or capacity to halt the rise of obesity. The very nature of obesity requires professional groups to work together collaboratively to support people and families to improve their health and wellbeing outcomes as well as support the broader community and societal level changes that need to occur. It is important that WA Health and WAPHA support a health workforce and broader community to have the space to connect, share ideas, empower each other and build momentum for long-term change to halt obesity in WA.

To effectively halt the rise of obesity in WA, it is necessary to understand what workforce is needed, in what locations and find innovative solutions to fill gaps in workforce resourcing, and to build their capacity and confidence in having conversations about weight. Changes in this area will require:

- reducing activities that create bottlenecks
- reorienting under-utilised professional groups
- investing in filling the workforce gaps either in numbers of people or types of skills and knowledge
- identifying other workforces or novel resources that can be used to support action on overweight and obesity such as teachers, social workers, case workers, recreational officers and peer supports.

‘I’ve mentioned my weight to my GP on various occasions and have received a cursory reply as I think there is a sense of them being as helpless as the patient’.



Actions	Lead
---------	------

- 4.1** Undertake a Workforce Needs Assessment to identify:
- the required skill mix to deliver appropriate services and programs in WA
 - inequity in access to appropriate health workforce across WA
 - existing barriers and system blocks that limit access to appropriate health workforces and/or specialties
 - currently underutilised or untapped workforce groups including allied health, nurse practitioners, social care workers, peer support, Aboriginal Health and /or Education workers, community pharmacy etc.

- Department of Health
- HCC
- WAPHA

Strategic Alignment

SHR Strategy 4, Recommendation 10
 SHR Strategy 7, Recommendation 25
 SHR Strategy 7, Recommendation 27

- 4.2** Develop a Workforce Strategy based on the findings of the Workforce Needs Assessment to outline mechanisms to deliver appropriate programs and services over the next decade and ensure:

- Department of Health
- HCC
- WAPHA

- the right combination of staff and specialities are available:
 - in the right volume
 - in a timely manner
 - in appropriate locations or via appropriate methods (e.g. phone or video support)
- the health and social care workforce possesses the necessary skills and knowledge to adequately support the community.

Priority focus would be appropriate workforce access for:

- Aboriginal people
- CALD communities
- People with disability
- Families and adults of child bearing age

Strategic Alignment

SHR Strategy 4, Recommendation 10
 SHR Strategy 7, Recommendation 25
 SHR Strategy 7, Recommendation 27

Actions

Lead

- 4.3** Co-create or adapt evidence based, best practice eLearning training resources in partnership with consumers, and their families and carers. Support workforce participation in and uptake of the eLearning training resources to:
- provide health professionals with the skills, knowledge and confidence to have respectful and empowering conversations about weight and its impact on health and wellbeing with the people they assist
 - make every contact count by engaging in proactive conversations.

- Department of Health
- HCC
- WAPHA

These resources will be housed on the health professional training and development hub articulated in action 4.4.

Strategic Alignment

SHR Strategy 1, Recommendation 4
SHR Strategy 7, Recommendation 26



Actions	Lead
---------	------

4.4 Deliver a health professional training and development hub for overweight and obesity with links to existing professional development opportunities.

- Department of Health
- HCC
- WAPHA

Suggested at a minimum, training should cover:

- [World Obesity Federation Strategic Centre of Obesity Professional Education](#) certificate
- early intervention and management of overweight and obesity, including HAES
- chronic diseases, co-morbidities, and supporting people with complex needs
- causes of obesity
- Edmonton Obesity Staging System
- pregnancy, breastfeeding and post-natal care
- mental health, particularly eating disorders
- trauma informed practices and [adverse childhood experiences](#)

Implementation building block:

- [Primary Health Exchange](#)
- Consideration will be given to co-locating the hub with the online Community of Change ([action 1.2](#))



5. Quality improvement



Create a culture and environment that encourages and supports continuous quality improvement.

Outcome

Steps for quality improvement are embedded into system, service, and program design and accurate and reliable data is available for use as part of the quality improvement cycle.

Consumer Experience

I trust the quality of the mix of services and programs I can access to support me on my weight journey.

Success is more likely if organisations build and actively maintain a culture of exploration, learning and adjusting approaches to service delivery that take into account the local needs of the communities. The quality improvement cycle has four components that can be used to frame the way organisations review and enhance the processes, services and programs they provide:

Plan	Identifying opportunities and plan for change
Do	Implement the change on a small scale
Check	Use data to analyse the change and see if it is achieving the desired outcomes
Act	If the change is successful, implement the change on a larger scale and if not, repeat the process.

Continuous quality improvement is necessary to ensure successful intervention options are embedded that will create a social and health system that can adapt to changing consumer needs and deliver positive health outcomes to the community. The process of assuring quality includes the ability to discern quality and provide advice to consumers. Assessment against quality criteria will enable a level of transparency to both health professionals and consumers to support informed choice about the services they can engage with.

Actions	Lead
<p>5.1 Develop a set of Quality Standards related to early intervention and weight management approaches that includes information on how to measure and monitor compliance to support procurement and drive quality improvement.</p> <p>Implementation building block:</p> <ul style="list-style-type: none"> NICE UK Weight management: Lifestyle services for overweight or obese adults,²² the Weight management: lifestyle services for overweight or obese children and young people²³ public health guidelines and related quality standards Lessons from existing programs <p>Strategic Alignment</p> <p>SHR Strategy 5, Recommendation 17</p>	<ul style="list-style-type: none"> Department of Health HCC WAPHA
<p>5.2 Develop and implement an Outcomes Based Framework to guide purchasing and accountability of publically funded early intervention and weight management services and programs.</p> <p>Strategic Alignment</p> <p>SHR Strategy 4, Recommendation 10 SHR Strategy 5, Recommendation 16</p>	<ul style="list-style-type: none"> Department of Health HCC WAPHA
<p>5.3 Establish a minimum dataset related to overweight and obesity (including rates of protective factors such as breastfeeding) that can be used for quality improvement, service planning, mapping and evaluation.</p> <p>Strategic Alignment</p> <p>SHR Strategy 6, Recommendation 21</p>	<ul style="list-style-type: none"> Department of Health HCC WAPHA

6. Innovation

Create a culture of experimentation and innovation in the implementation of services, programs and models of care that are transferable, scalable and sustainable.



Outcome
Create mechanisms and opportunities to prototype innovative approaches that address the complexity of overweight and obesity at a community and service level.

Consumer Experience
I can access contemporary approaches to support me to manage and maintain a healthier weight and my health and wellbeing.

Innovation is defined as ‘a novel set of behaviours, routines and ways of working that are discontinuous with previous practice, are directed at improving health outcomes, administrative efficiency, cost effectiveness, or users’ experience and that are implemented by planned and coordinated actions.’²⁴ There are eight factors that the World Health Organization (WHO) identifies as key to the successful adoption and sustainability of innovation in a health context:²⁴

1. Leadership and management at multiple levels
2. Clear and compelling vision for change
3. Early and widespread stakeholder involvement
4. Dedicated and ongoing resources
5. Effective communication
6. Adaptation of innovation to the local context
7. Ongoing monitoring and feedback
8. Evaluation and demonstrated impact

Embedding innovation in the development of solutions will allow organisations to constantly test, adjust and implement new and updated ways of working that are able to be flexible to changes in their community. The complex nature of wicked problems such as obesity means that solutions need to go beyond the traditional or standard approach taken by a single organisation.²⁵ Communities are dynamic with various factors constantly influencing their health and health behaviours. Collaborative innovation with numerous stakeholders, including the private sector, provides a mechanism to explore ways to address the dynamic and interacting factors causing obesity and support communities to live healthier.



Actions	Lead
<p>6.1 Investigate opportunities for public/private partnerships, cross sector partnerships, joint funding models, and alternative funding sources (e.g. grants, commonwealth funding etc.) to increase access to a variety of early intervention and management service and program options that can be tailored to the needs of each person and family.</p> <p><i>Strategic Alignment</i></p> <p>SHR Strategy 5, Recommendation 17 SHR Strategy 8, Recommendation 28</p>	<ul style="list-style-type: none"> ▪ Department of Health ▪ HCC ▪ HSPs ▪ WAPHA
<p>6.2 Investigate the delivery of peer support and peer-led programs for individuals, their families, and carers to complement existing health professional led weight management services.</p> <p><i>Strategic Alignment</i></p> <p>SHR Strategy 7, Recommendation 25 SHR Strategy 8, Recommendation 28</p>	<ul style="list-style-type: none"> ▪ Department of Health ▪ HCC ▪ WAPHA
<p>6.3 Host a regular public hack-a-thon to identify innovative technology based solutions that support:</p> <ul style="list-style-type: none"> ▪ service and program delivery ▪ enhance community participation and self-management ▪ increase access to services and programs for people living in rural and remote areas. <p><i>Strategic Alignment</i></p> <p>SHR Strategy 8, Recommendation 28</p>	<ul style="list-style-type: none"> ▪ Department of Health ▪ HCC ▪ WAPHA

7. Empower the community to take action



Create opportunities that support local communities to build their health literacy related to overweight and obesity and become part of local action through community led collaborations.

Outcome

- A. Improved communities health literacy related to overweight and obesity.
- B. Mechanisms are used to build and maintain partnerships between communities and all service providers in the design and delivery of early intervention and weight management services services and programs.

Consumer Experience

I can join others in my community to make changes to support myself and others to manage and maintain a healthier weight.

I feel supported and empowered by those around me and I am able to support others on their weight journey.

Strengthening community action and developing personal skills are two key areas of the Ottawa Charter for Health Promotion.²⁶ Empowerment is a process of an individual or community gaining mastery over their lives. It is brought about through demand and identification of need by the individual or community as well as a collective effort of society to create or change the mechanisms, structures and systems to enable empowerment.²⁷ As a result, a person cannot empower themselves if the environment they live in does not support their empowerment.

Focussing clinical and policy efforts on building the empowerment of individuals, families and communities will lead to more effective behaviour change as people perceive they have more control, more self-efficacy and operate in an environment that supports their health and wellbeing.²⁸ By supporting communities to be empowered and health literate, the human resources that are available to support work to create sustainable and healthy changes in the communities can be expanded. It creates spaces where consumers can engage in respectful dialogue with health professionals and other members of their community as equal partners in the development of health services, programs and supports that impact them.²⁹ It values and harnesses the experience, insights and cultural knowledge of the people and creates a no-blame environment where people can feel their voices and perspectives are valued and they feel confident, safe and supported.

Actions	Lead
---------	------

<p>7.1 Provide early intervention and management online resources for consumers related to:</p> <ul style="list-style-type: none"> ▪ early intervention and management ▪ evidence on effective weight management methods ▪ where to get support for various contributing factors to obesity such as chronic diseases and mental health ▪ how families and carers can support people post-bariatric surgery ▪ HAES. <p>Consideration will be given to co-locating this information with action 2.2 and action 7.2.</p>	<ul style="list-style-type: none"> ▪ Department of Health ▪ HCC ▪ WAPHA
---	--

Strategic Alignment

SHR Strategy 1, Recommendation 4

<p>7.2 Identify opportunities to work with community groups and agencies to facilitate the establishment of local collective impact initiatives to support local action to tackle overweight and obesity in their area.</p> <p>Implementation building block:</p> <ul style="list-style-type: none"> ▪ Successful models such as Local Drug Action Groups provide an effective guide for action. 	<ul style="list-style-type: none"> ▪ Department of Health ▪ HCC ▪ WAPHA
--	--

Strategic Alignment

SHR Strategy 1, Recommendation 4

<p>7.3 Collaborate with the Collective for Action on Obesity to enhance the Obesity Evidence Hub to include information on early intervention and weight management.</p>	<ul style="list-style-type: none"> ▪ Department of Health ▪ HCC ▪ Collective for Action on Obesity
---	---

How to use the Action Plan

Working with key communities

There are groups of people living in WA who are disproportionately impacted by obesity. As such, all actions recommended in this Plan should be viewed through the perspective of and delivered in partnership with people who are most at-risk of adverse health outcomes as a result of overweight and obesity. It will be critical for organisations to work with the following key communities to ensure that actions cater for their specific needs and are designed to deliver the most impact to these groups:

- Aboriginal people
- children
- [culturally and linguistically diverse](#) (CALD) communities
- people living in rural and remote WA
- people over 45 years
- people with disability.

The Action Plan acknowledges the need for cultural responsiveness in all actions. Cultural responsiveness describes the capacity to respond to the health care issues of different people and provide person- and family-centred care (taking into account cultural, linguistic, spiritual and socio-economic background). It thus requires knowledge and capacity at different levels of intervention: governance, service, and community and individual.



Understanding the strategies and action

For those in the community who are at-risk of or currently with overweight or obesity, the journey to achieve and maintain a healthier weight and improving their health and wellbeing is challenging and lifelong. The Action Plan proposes seven interlinking Strategies for Action and lists a series of actions underneath each strategy as priorities for the next five years. Together they will support the creation of opportunities for collaboration and innovation to build a coordinated and comprehensive health care pathway which provides the right care, at the right time and place, by the right team for people in the community. The strategies and actions seek to work within the spheres of influence of WA Health and WAPHA. These strategies will not solve the issue of obesity in WA, nor will they alone halt the rise of obesity; instead they address gaps in current action and provide the necessary foundation from which longer-term, cross-sector collaborative action can develop.

Each action has self-nominated leads to drive implementation within the identified timeframe. It is the responsibility of these lead organisations to work together to plan, scope, and coordinate the required implementation activities to deliver change. It is acknowledged that successful action can only occur when the lead organisations partner with numerous other agencies in relevant sectors and industries. These partners should be reviewed during implementation planning to ensure a range of stakeholders from across the health and social sector, including consumers and advocacy groups, are included.

Implementing the Action Plan

Implementation is an important step to ensure that action is coordinated, monitored, consistent and successful. It is a task that requires time to build relationships, adaptability, transparency, accountability, courage to innovate and a commitment to deliver better health for the community. While this Action Plan outlines a roadmap for WA Health and WAPHA, other organisations and community groups are encouraged to use it and implement or adopt actions that are relevant to their context; every small action builds into a wave of change.

Implementation is the responsibility of all stakeholders to plan and deliver; collective action to tackle issues in small [spheres of influence](#) will lead to success. Each strategy can be aligned to the three system levels: governance, service, and individual and community (see Figure 2). Effective implementation of the Action Plan will thus require governance level coordination, localised implementation at a service level, and shared measurements to easily monitor progress and success. Governance level coordination will be provided by the WA Obesity Collaborative ([action 1.1](#)). This Collaborative will initially involve the three lead agencies involved in developing the Action Plan (WA Health, WAPHA, and HCC). The WA Obesity Collaborative will use the Public Health England's [Whole systems approach to obesity](#) guidance and the six phase approach to system change to support implementation coordination.

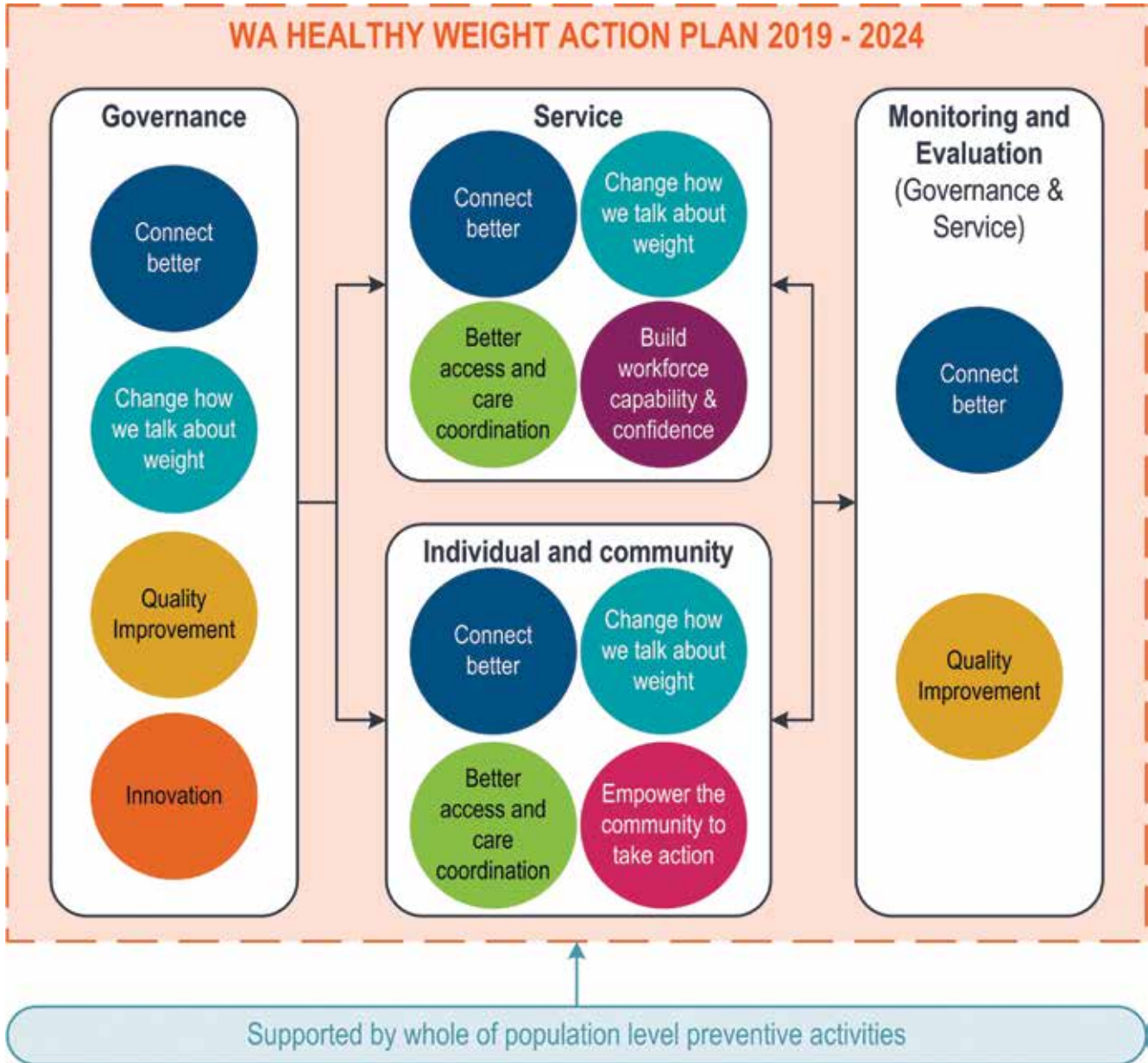
All stakeholders have consistently expressed a desire to see the Action Plan and the momentum it has built turn into action on the ground with a clear approach to implementation. To achieve this, detailed implementation must:

- be guided by an understanding of and commitment to a systems approach
- incorporate the critical building blocks (refer to [Appendix F: Critical building blocks](#))
- take into account the needs of the local community, particularly those identified as key communities in this Action Plan
- be planned with an understanding of existing funding and resources that can be reoriented to change and an awareness of current priorities facing each lead organisation

- take into account the context in which action will take place.

All actions are subject to detailed implementation planning and resource availability that will be determined by the lead organisations. As such, effectively implementing this Action Plan will require leadership, courage and an unwavering commitment to staying the course.

Figure 2: Five year roadmap for action on obesity across the three system levels



Cross-sector collaboration, supporting health in all policies, and the importance of joining together prevention, and early intervention and management was consistently raised as the key ingredients to success on a state-level. The impetus for this approach is established in the Sustainable Health Review and the national agenda which supports action on obesity. As a result of the work to develop this Action Plan, momentum has been built and organisations are already working together to find opportunities to work collaboratively across sectors, leveraging networks and connections to drive change. The implementation of this Action Plan, particularly the formalisation of the WA Obesity Collaborative, will provide the foundation on which this further work can build.



Monitoring progress

A staged approach to implementation with publicly reported measures to drive progress and collaboration between the health system, partners and the community will support lasting change. Progress towards achieving the Action Plan should be measured at various levels and is the responsibility of all partners.

As part of the coordination of the implementation, the WA Obesity Collaborative will work with stakeholders to develop a set of shared measures to support the process of monitoring success and measuring impact. Agreed success measures that focus on achieving outcomes ensures that each organisation and team can work to their strengths in the implementation of the Action Plan while also having consistent data that allows comparisons across organisations. These shared measures will reinforce the importance of acting together, while holding people accountable for agreed outcomes. Consideration will be given by the WA Obesity Collaborative to mechanisms to consolidate the measurement and monitoring of all obesity actions in WA from prevention through to management to reduce duplication and ensure the bigger picture of all actions occurring in the space as documented.

As part of service and local level implementation, all partners who choose to use the Action Plan are encouraged to monitor their own strategies, policies, actions or services to ensure that these activities are contributing to change under each of the seven strategy areas outlined in the Action Plan. As more robust and relevant data and information becomes available in the future, partners should take the opportunities to review and refine the measures they use to track and monitor progress against the actions they implement. Opportunities will be explored annually with stakeholders and partners working to implement the Action Plan to share information on the implementation, reflect on challenges and priorities, review emerging evidence and opportunities, and increase opportunities for collaboration.



References

1. Sustainable Health Review. Sustainable Health Review: Final Report to the Western Australian Government. Perth: Department of Health, Western Australia; 2019.
2. Chronic Disease Prevention Directorate. Western Australian Health Promotion Strategic Framework 2017-2021. Perth: Department of Health, Western Australia; 2017.
3. Department of Health, Mental Health Commission, Healthway. WA Preventative Health Summit: Action on Obesity and Alcohol Summary Report. Perth: Government of Western Australia; 2018.
4. Department of Health. State Public Health Plan for Western Australia: Objectives and policy priorities for 2019-2024. Perth: Department of Health; 2019.
5. Australian Bureau of Statistics. 4364.0.55.001 - National Health Survey: First Results, 2017-18. Western Australia. Canberra: ABS; 2019.
6. Haby MM, Markwick A, Peeters A, Shaw J, Vos T. Future predictions of body mass index and overweight prevalence in Australia, 2005-2025. *Health Promot Int* 2012;27(2):250-60.
7. Scalley B, Xiao J, Somerford P. The cost of excess body mass to the acute hospital system in Western Australia: 2011. Perth: Department of Health, Western Australia; 2013.
8. Australian and New Zealand Obesity Society. Australian Obesity Management Algorithm [Internet]; 2019. [cited 30 March 2019]. Available from: <http://anzos.com/australian-obesity-management-algorithm>
9. Swinburn BA, Kraak V, Allender S, Atkins VJ, Baker P, Bogard JR, et al. The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission report. *The Lancet* 2019;393(10173):791-846.
10. Senate. T. Select Committee into the Obesity Epidemic in Australia. Final Report. Canberra: Commonwealth of Australia; 2018.
11. Public Health England. Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight. London: Public Health England; 2019.
12. City of Amsterdam. Amsterdam will become the Healthiest City for Children! Review 2012-2017 Part 2. 2017.
13. Dobbs R, Sawers C, Thompson F, Manyika J, Woetzel J, Child P, et al. Overcoming obesity: An initial economic analysis. Discussion paper.: McKinsey Global Institute; 2014.
14. Borys JM, Bodo LY, Jebb SA, Seidell JC, Summerbell C, Richard D, et al. EPODE approach for childhood obesity prevention: methods, progress and international development. *Obesity Reviews* 2012;13:299-315.
15. Ministry of Health. New Zealand Health Survey - Key Indicators [Internet]; 2019. [cited 30 March 2019]. Available from: https://minhealthnz.shinyapps.io/nz-health-survey-2017-18-annual-data-explorer/ w_0811ceee/ w_08f54417/ w_243d8400/#!/key-indicators
16. Willis TA, Roberts KPJ, Berry TM, Bryant M, Rudolf MCJ. The impact of HENRY on parenting and family lifestyle: A national service evaluation of a preschool obesity prevention programme. *Public Health* 2016;136:101-8.
17. Diversi TM, Hughes R, Burke KJ. The prevalence and practice impact of weight bias amongst Australian dietitians. *Obesity Science & Practice* 2016:456-65.
18. Mulherin K, Miller YD, Barlow FK, Diedrichs PC, Thompson R. Weight stigma in maternity care: women's experiences and care providers' attitudes. *BMC Pregnancy and Childbirth* 2013;13(1):19.
19. Phelan SM, Burgess DJ, Yeazel MW, Hellerstedt WL, Griffin JM, van Ryn M. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity Reviews* 2015;16:319-26.
20. Obesity Australia. Rethink Obesity: A media guide on how to report on obesity: Obesity Australia; 2015.

21. Jurkowski JM, Lawson HA, Green Mills LL, Wilner PG, Davison KK. The Empowerment of Low-Income Parents Engaged in a Childhood Obesity Intervention. *Family Community Health* 2014;37(2):104-18.
22. NICE UK. Weight management: lifestyle services for overweight or obese adults. UK: NICE UK; 2014.
23. NICE UK. Weight management: lifestyle services for overweight or obese children and young people. UK: NICE UK; 2013.
24. Nolte E. Policy brief: How do we ensure that innovation in health service delivery and organization is implemented, sustained and spread? Denmark: World Health Organization; 2018.
25. van Beurden E, Kia A. Wicked problems and Health Promotion: reflections on learning. *Health Promotion Journal of Australia* 2011;22(2).
26. World Health Organization. The Ottawa Charter for Health Promotion. First International Conference on Health Promotion. Ottawa; 1986.
27. Cochran J. Empowerment in adolescent obesity: State of the science. *Online Journal of Rural Nursing and Health Care* 2008;8:63-73.
28. Tengland P-A. Behavior Change or Empowerment: On the Ethics of Health-Promotion Strategies. *Public Health Ethics* 2012;5:140–53.
29. Estacio EV. Health literacy and community empowerment: It is more than just reading, writing and counting. *Journal of Health Psychology* 2013;18(8):1056-68.
30. Penney TL, Kirk SFL. The Health at Every Size Paradigm and Obesity: Missing Empirical Evidence May Help Push the Reframing Obesity Debate Forward. *American Journal of Public Health* 2015;105(5):e38-e42.
31. Government of Western Australia. Health Services Act 2016. Perth: Government of Western Australia; 2016.
32. CSDH. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization; 2008.
33. World Health Organization. Body mass index - BMI [Internet]; 2019. [cited 30 March 2019]. Available from: <http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/a-healthy-lifestyle/body-mass-index-bmi>
34. Child and Adolescent Health Service. Body Mass Index assessment - Child Health. Perth: Child and Adolescent Health Service; 2018.
35. Australian Institute of Health and Welfare. A picture of overweight and obesity in Australia 2017. Canberra: AIHW; 2017.
36. Padwal RS, Pajewski NM, Allison DB, Sharma AM. Using the Edmonton obesity staging system to predict mortality in a population-representative cohort of people with overweight and obesity. *Canadian Medical Association Journal* 2011;183(14):E1059-E66.
37. National Health and Medical Research Council. Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia. Melbourne: NHMRC; 2013.

Glossary

Collective impact	Collective impact is a structured form of collaboration used by a group of partners from across numerous sectors and industries to develop and commit to a common agenda and set of shared measures to solve a specific complex issue.
Culturally and linguistically diverse	Groups and individuals who differ according to religion, race, language or ethnicity, except those whose ancestry is Anglo Saxon, Anglo Celtic, Aboriginal or Torres Strait Islander.
Early intervention	Provision of support or interventions to a person or family at-risk of becoming overweight (at the high end of the healthy weight range) to prevent a foreseeable decline in their health.
Hack-a-thon	An event, typically lasting several days, in which a large number of people and organisations come together to engage in collaborative problem solving and idea generation on a specific topic. This concept was originally developed for computer programming but has since been applied to numerous issues.
Health at every size (HAES)	HAES acknowledges that well-being and healthy habits are more important than weight. The main components of HAES are intuitive eating, body acceptance, and physical activity for health rather than to shape the body. ³⁰
Health Service Provider	A Health Service Provider is established by an order made under section 32(1) (b) of the Health Services Act 2016 . ³¹
Management	Provision of support or interventions to a person or family with overweight or obesity that will enhance health and wellbeing outcomes, prevent further weight gain or support weight loss. Management services can incorporate a range of social, psychological, medical and surgical assistance delivered by a range of professionals and peer supports in an integrated care framework.
Obesogenic environment	Factors in the community (such as surroundings, opportunities and conditions of life) that promote obesity in individual or populations.
Outcomes based framework	A structured plan to design and monitor funded services that focusses on the delivery of desired health and wellbeing outcomes as markers of success.
Prevention	Improving the health of the WA population by facilitating behaviour change and creating healthier environments across the community.
Social Determinants of Health	The WHO defines social determinants as “the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.” ³²
Sphere of influence	The reach of the influence of a person or organisation based on their formal authority, and social and professional networks.
System	A system is a collection of interdependent components where the whole is greater than the sum of its parts; when one component of a system is changed other parts of the system are impacted. ¹¹
Systems approach	Viewing an issue as a system rather than the result of a single cause or isolated activity. Stakeholders working collectively to create change in the system.

Acronyms

BMI	Body mass index
CALD	Culturally and linguistically diverse
GP	General Practitioner
HAES	Health at every size
HCC	Health Consumers' Council
HSP	Health Service Provider
MBS	Medicare benefits schedule
NICE	National Institute for Health and Care Excellence
SHR	Sustainable Health Review
WAPHA	WA Primary Health Alliance
WHO	World Health Organization



Appendices

Appendix A: Defining overweight and obesity

A number of measures are used to determine a person's level of overweight and obesity, including:

- Body Mass Index (BMI)³³
- Growth percentile charts³⁴
- Waist circumference³⁵
- Edmonton Obesity Scaling System.³⁶

BMI is the most common method of measuring overweight and obesity for adults and is used in combination with the growth percentile charts for children aged 2 years and above. BMI has limitations such as inability to detect between lean and fat tissue, and inability to account for differences in body composition between ethnic groups which might require different cut off points.³⁷ However, BMI is a satisfactory proxy for fat mass for the majority of the population.

For the purposes of the Action Plan, BMI is the primary classification system that has been used when defining overweight and obesity. However, it is acknowledged that BMI should be used as a guide in combination with other forms of clinical assessment and in conversation with the person or family about their broader social, economic and health circumstances that impact their health.

BMI for adults³³

BMI	Classification
< 18.5	Underweight
18.5–24.9	Healthy weight
25.0–29.9	Overweight
30.0–34.9	Class I obesity
35.0–39.9	Class II obesity
≥ 40.0	Class III obesity

Growth percentile ranges for children 2 years and above³⁴

Percentile	Classification
< 5th	Underweight
5th to <85th	Healthy weight
85th < 95th	Overweight
≥ 95th	Obese

Waist circumference that indicates an increased risk of chronic disease in adults³⁵

Men	>94cm
Women	>80cm



Appendix B: Stakeholders

The following groups and organisations were involved in the consultation to develop the *WA Healthy Weight Action Plan 2019-2024*. This list does not include the additional groups that were invited but did not participate.

- People with overweight and obesity
- Academic and research staff from varied areas such as exercise and sports science, behavioural and health sciences, Aboriginal and rural health care, and public health and nutrition from the following institutes:
 - Murdoch University
 - Curtin University
 - University of WA
 - Edith Cowan University
 - University of Notre Dame, Australia
- Clinical, health promotion, policy, service planning and administrative staff from:
 - Child and Adolescent Health Service (including Child and Adolescent Community Health)
 - East Metropolitan Health Service
 - North Metropolitan Health Service
 - South Metropolitan Health Service
 - WA Country Health Service
- Health professionals from numerous clinical areas across public and private services including:
 - Aboriginal health
 - Allied health including diabetes education, dietetics, nutrition, exercise physiology, psychology, occupational therapy, physiotherapy
 - Cardiovascular
 - Endocrinology and diabetes
 - Medical equipment services
 - Mental health
 - Midwifery
 - Nursing including community health, school health, hospital based, nurse practitioners and staff development
 - Patient support services
 - Pharmacy
 - Radiography
 - Regional services
 - Renal
 - Respiratory
 - Surgery including general, colorectal and bariatric

- Non-government and other organisations including:
 - 360 Health + Community
 - Cancer Council (including the LiveLighter team)
 - Clinical Translation Research & Development
 - Collective for Action on Obesity
 - Community South Committee
 - Department of Education
 - Diabetes WA
 - Foodbank WA
 - Health Consumers' Council
 - Ishar
 - Metabolic Health Solutions
 - Ngala
 - Public Health Advocacy Institute of WA
 - Red Cross
 - St John's Ambulance
 - Telethon Kids Institute
 - The Royal Clinical School of WA
 - Triple P International
 - Various private health related service providers

- WA Health teams including:
 - Aboriginal Health Policy Directorate
 - Business and Performance Unit
 - Chronic Disease Prevention Directorate
 - Epidemiology Branch
 - Health Networks Unit, including the Health Networks Leads
 - Nursing and Midwifery Office
 - Office of the Chief Medical Officer
 - Office of the Chief Health Professions Officer
 - Purchasing and System Performance Division
 - Research Development Unit
 - Southern Inland Health Initiative
 - Strategy, Policy and Planning Unit
 - System Clinical Support and Innovation Unit
 - Sustainable Health Review team
 - System Clinical Support and Innovation Unit

- WA Primary Health Alliance including service planning, strategy and management, and regional teams



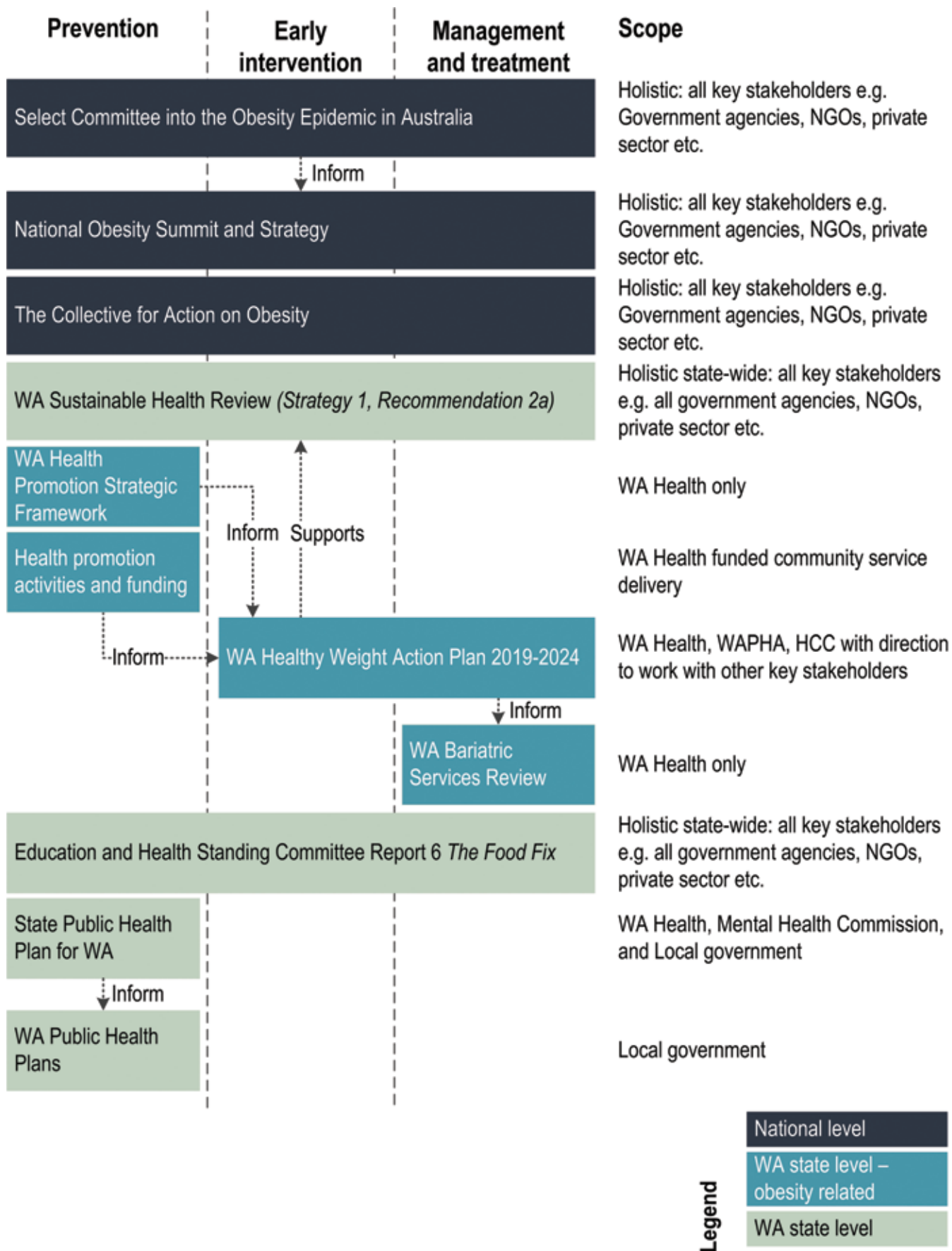
Appendix C: Summary of consultation to develop the Action Plan

Consultation activity	Purpose	Participants
Obesity management services inventory March to April 2018	Online survey for the evidence gathering phase of the project to establish a baseline of the type, quality and requirements for overweight and obesity services in WA. Managed by Health Networks	85 responses
Is weight a weight on your mind? June to August 2018	Online survey to seek consumer feedback on their experiences with weight management. Managed by HCC	748 responses
Facebook group Est. July 2018	A private and closed Facebook group was established to provide a space for consumers to share, discuss and support each other. Managed by HCC	39 members
Community Leaders Group Est. July 2018	A mailing list of consumers who requested to stay informed and involved in the development of the WA Healthy Weight Action Plan. Managed by HCC	289 members
Consumer workshops 27 September 2018 29 September 2018 11 October - Langford Aboriginal Association	To obtain personal stories, experiences and journeys and identify what their desired patient journey would be. Managed by HCC	18 participants
Online workshop September to October 2018	GroupMap was used to support the face to face workshops so that participants could continue providing feedback and information, and to engage people who could not attend the face to face sessions. Managed by HCC	34 responses
Gathering consumer stories August to October 2018	An online survey was used to gather personal stories for the purposes of developing written and visual resources detailing consumer perspectives for use at the Obesity Collaborative Summit and throughout the life of the Project. Resources included written case studies with photos, video interviews etc. Managed by HCC	26 responses 2 videos produced

Consultation activity	Purpose	Participants
Obesity Collaborative Summit October 2018	For people from across the health industry to come together and develop the actions that need to occur over the next 5 years to improve the early intervention and management of overweight and obesity in WA. Managed by Health Networks.	178 attendees
Obesity Collaborative Summit: Online workshop October to November 2018	People who could not attend the face to face Summit were invited to participate in an online workshop. The introductory presentations used to set the scene at the Obesity Collaborative Summit were recorded and loaded on YouTube and the brainstorming was conducted via GroupMap. Managed by Health Networks	89 registrants
Strategy planning workshop February 2019	Key decision makers from WA Health and WAPHA were invited to discuss and refine the high level strategies that were developed out of the consultation to date. These strategies formed the basis of the WA Healthy Weight Action Plan. Managed by Health Networks	21 attendees
Action planning workshop February 2019	February 2019 Key decision makers and people responsible for implementation from WA Health and WAPHA were invited to discuss and refine the actions contained under each of the high level strategies that were developed out of the consultation to date. These strategies formed the basis of the WA Healthy Weight Action Plan. Managed by Health Networks	16 attendees
Online consultation on draft Action Plan July 2019	A draft version of the Action Plan was circulated to the people who had previously participated in all previous consultations. Broadly, the consultation requested feedback using a five point Likert scale on the clarity, appropriateness, and feasibility of the Strategies for Action and associated actions; the readability and appropriateness of the document as a whole; whether it could lead to governance level change; and whether the Action Plan reflected the voice of people with lived experience. In addition, participants could provide free-text responses to give more information or clarify their responses to previous Likert scale questions. Managed by Health Networks	54 responses

In addition to the above, numerous people and organisations were consulted throughout the life of the project via targeted meetings. The purpose of this was to obtain specific advice and input to the development of the *WA Healthy Weight Action Plan* related to their professional group or organisation.

Appendix D: Strategic alignment



Appendix E: Infographic references

1. Australian Bureau of Statistics. 4364.0.55.001 - National Health Survey: First Results, 2017-18. Overweight and obesity. Canberra: ABS; 2019.
2. Epidemiology Branch. Overweight and obesity trends in WA children using the WA Health and Wellbeing Surveillance System, 2002-2016. Perth: WA Department of Health; 2018.
3. Epidemiology Branch. Obesity and perceptions of body weight in WA adults using the WA Health and Wellbeing Surveillance System, 2016. Perth: WA Department of Health; 2018.
4. Tomlin S, Radomiljac A. Health and Wellbeing of Adults in Western Australia 2015, Overview and Trends. Perth: Department of Health, Western Australia; 2016.
5. Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell J, et al. Tackling Obesities: Future Choices - Project Report. 2nd Edition. UK: Government Office for Science; 2007.
6. Wilkinson RM, Marmot M. Social determinants of health: The solid facts, 2nd edition. Denmark: World Health Organization; 2003.
7. Scalley B, Xiao J, Somerford P. The cost of excess body mass to the acute hospital system in Western Australia: 2011. Perth: Department of Health, Western Australia; 2013.
8. Australian Institute of Health and Welfare. Impact of overweight and obesity as a risk factor for chronic conditions: Australian Burden of Disease Study. Australian Burden of Disease Study series no. 11. Cat. no. BOD 12. Canberra: AIHW; 2017.
9. Dickins M, Thomas S, King B, Lewis S, Holland K. The Role of the Fatosphere in Fat Adults' Responses to Obesity Stigma: A Model of Empowerment Without a Focus on Weight Loss. 2011;21:1679-91.
10. Puhl RM, Heuer CA. Obesity Stigma: Important Considerations for Public Health. American Journal of Public Health 2010;100(Framing Health Matters):1019-28.
11. Goettler A, Grosse A, Sonntag D. Productivity loss due to overweight and obesity: a systematic review of indirect costs. BMJ Open 2017;7(10).
12. Australian Institute of Health and Welfare. A picture of overweight and obesity in Australia 2017. Canberra: AIHW; 2017.
13. Haby MM, Markwick A, Peeters A, Shaw J, Vos T. Future predictions of body mass index and overweight prevalence in Australia, 2005-2025. Health Promot Int 2012;27(2):250-60.

Appendix F: Critical building blocks

This Action Plan identifies 10 critical building blocks required to effectively embed a systems approach to tackle obesity effectively. Each of these critical building blocks is required to facilitate and drive change as a whole but they will also be present and required for each individual action that is taken to achieve the end goal of halting the rise of obesity.

These critical building blocks are adapted from Sustainable Health Review Final Report,¹⁰ Public Health England's [*Whole systems approach to obesity guidance*](#),¹¹ evidence from 74 implementation initiatives reviewed by the McKinsey Global Institute,¹³ an analysis of successful international and national programs currently targeting obesity,^{12, 13, 14, 15, 16} the National Institute for Health and Care Excellence (NICE) United Kingdom (UK) public health guidelines related to weight management,^{23, 22} and the Lancet Commission report on obesity.⁸

Culture and leadership

- Foster and embed a culture that is open to change and supports innovation.
- Encourage curiosity to find innovative ways to make system changes effective and sustainable.
- Ensure sustained commitment and persistence from all levels, with ongoing political support.
- Build, maintain, and support a variety of leaders and change agents at all levels to ensure the responsibility and passion for change is directed and shared.
- Incorporate adaptive leadership that is flexible to shifting circumstances.

Action at all levels

- Commit to engagement across all levels of the system.
- Developing interventions and approaches that are multi-levelled, multi-pronged, and cross-sector.

Collective action

- Build a system approach where all partners and stakeholders work together with common vision and mission.
- Work in coordination and collaboration with other organisations to deliver co-designed interventions that are complementary, aligned, and mutually reinforcing.
- Acknowledge and draw on the strengths, skills, resources, networks, and influence of different organisations and groups to increase momentum and effectively implement change.

Engagement and partnerships

- Invest in and prioritise quality collaboration and partnerships with stakeholders, including community groups and consumers, from conception to delivery and review.
- Prioritise stronger engagement and true partnerships with consumers.
- Value diversity and actively seek diverse contributions, particularly from the most disadvantaged groups.
- Work in a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community for Aboriginal people and supports cultural safety.

Building trust

- Creating common ground between stakeholders.
- Promoting relationships, trust and honest conversations, especially during mistakes or setbacks.
- Celebrate actions and encourage the engagement of new stakeholders, including local communities, in the system-wide approach.
- Embed equity in actions, policies, processes and services.

Shared aspiration

- Develop and work towards a shared vision.
- Promote a sense of collective gain to maintain the vision and momentum of achieving positive outcomes.
- Prioritise shared responsibility, accountability and actions led through community development.

Strategic learning and systems thinking

- Prioritise a learning and experimentation environment.
- Listen to and actively apply lessons learnt from stakeholders, other sectors, and other programs to improve the way change is planned and delivered.
- Ensure the maintenance of an up-to-date and rigorous evidence base for action.
- Promote open discussions, critical analysis and reflection throughout every stage of the change process.

Shared measures and transparency

- Develop and use an agreed set of measures to monitor progress and success.
- Create a culture of monitoring, evaluation, and continuous improvement.
- Measure the impacts and outcomes of change.
- Acknowledge all forms of evidence from quantitative data analysis to storytelling, as different communities and cultural groups share and record their success in different ways.
- Share and make better use of data and information already available.
- Leverage data to support evidence-based decision making.
- Use feedback and insight to understand the effectiveness of change processes.

Adaptable governance

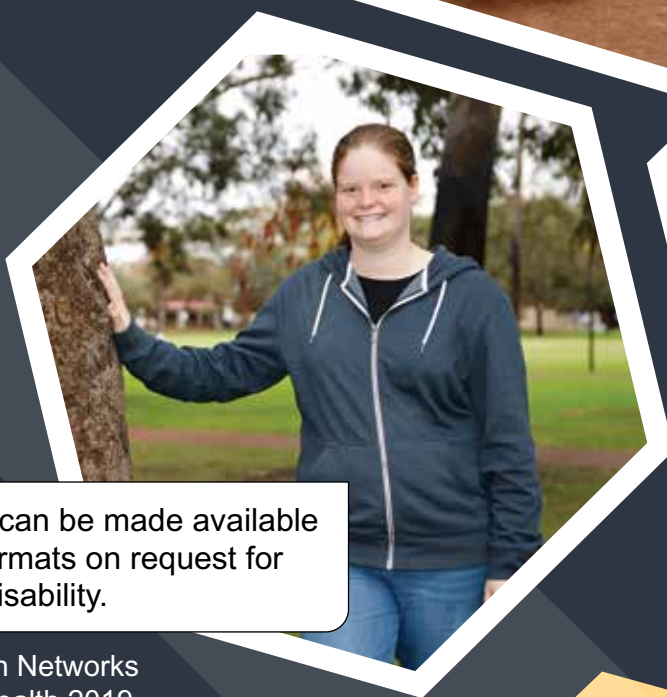
- Facilitate coordination while enhancing local ownership and action.
- Create an approvals and coordination structure that provides the necessary authority for change, decision making, and accountability across partners.
- Leverage system governance to hardwire change, respecting the existing roles and responsibilities that exist.

Funding and investment

- Invest in high impact approaches that will result in the greatest benefit to the community and the health system.
- Identify investment and reinvestment priorities.
- Focus investment on maximising value and outcomes that support consumer and health system priorities.
- Disinvest in services that do not provide value to the community or improve health outcomes.
- Explore new ways of funding to provide flexibility, focused on outcomes and support long-term sustainability.
- Invest to support service evaluation, reporting, and monitoring.







This document can be made available in alternative formats on request for a person with disability.

Produced by Health Networks
© Department of Health 2019

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.