

# WHITE PAPER

*'Local Governments Leading the way'*.

**Local government response to obesity in  
regional and rural Qld.**

Prepared By  
West Moreton Obesity Advisory Group.

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## **Abbreviations**

<b>BMI</b>	<b>Body Mass Index</b>
<b>FSPUD</b>	<b>Food Sensitive Planning and Urban Design</b>
<b>LGA</b>	<b>Local Government Area</b>
<b>SEIFA</b>	<b>Socio-economic Indexes for Area</b>

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## Glossary of terms

**Determinants of health:** The social, individual, economic, cultural, commercial, political, and structural environment in which we were born, work and live which impacts health outcomes. These can include (but are not limited to) income, social status, cultural networks, and social supports along with genetics.

**Community Based Food Strategies:** Strategy that informs action, policy, and community engagement to influence the nutritional outcomes of a community.

**Food environment:** The built, social, political, commercial, and cultural environment that shapes a food system that is easily accessible to and inclusive of community members.

**Food insecurity, obesity paradox:** The correlation between mild to moderate food insecurity and higher rates of obesity.

**Food security:** The economic, social, and physical ability to access nutritious, safe, and sufficient food.

**Non-communicable disease:** Diseases that are not caused by communicable and infectious disease and are often chronic in nature for example Type 2 Diabetes and cardiovascular disease.

**Obesity:** World Health Organisation criteria of obesity in adults as Body Mass Index (BMI) of 30 or more. BMI is calculated as weight in kg divided by the square metre of health in metres (kg/m<sup>2</sup>).

**Obesogenic environment:** An environment in which it's physical, structural, economic, cultural, social, and political environment promotes obesity and does not support weight loss. This environment can be in the home, at work and/or in the social environment.

**Overweight:** World Health Organisation criteria of obesity in adults as Body Mass Index (BMI) of over 25. BMI is calculated as weight in kg divided by the square metre of health in metres (kg/m<sup>2</sup>).

**Population health:** The distribution of health outcomes within a given population.

**Self-determination:** Whereby health actions, strategies and outcomes are determined by a population/community.

**Social health policy:** Policies created with the aim of reducing social inequities occurring within a population.

# Executive summary

Through building awareness, advocacy and strong social policies within a population health approach, local governments are in a unique position to influence rates of obesity and hence the corresponding health outcomes of their community. With high levels of obesity in regional and rural Queensland, local governments are strongly positioned to use policy levers to influence the local food system, built and structural environment, commercial determinants, and community engagement to respond to the significant health challenges faced by many communities.

The local food environment can be shaped by local government involvement in Community-Based Food Systems as well as planning legislation which strengthens food sensitive planning and urban design and improves access, use, availability, and affordability of nutritious foods. This is further supported by the ability of local governments to engage the community and brokering strong relationships between growers, processors, training organisations, employers, and community organisations to promote a healthy, community food environment. In the face of escalating climate change related extreme weather events that often impact food transportation and food production systems, now is the time for local governments to prioritise food security for the health and wellbeing of all their citizens. This in turn stimulates economic growth in training and jobs for a region.

The role of local governments in creating walkable, active neighbourhoods that encourage physical activity is important. Planning, policy, and programs that promote the use of public transport, footpaths, green spaces, and exercise equipment is essential in shifting an obesogenic environment in a community. Green spaces that support physical activity in a climate which is experiencing more heat events, needs to provide shade, water and other necessary components to mitigate heat effects.

Policy levers that shift commercial determinants, particularly marketing of highly processed foods, sugar sweetened beverages and alcohol, to the most vulnerable in the community must be utilised to shift the obesogenic environment. Access to these goods, particularly within walkable distance to key infrastructure such as schools, must be addressed to support healthy food and beverage choices in the community.

Whilst some policy responses are situated within and supported by state and federal government legislation, many policy levers exist within local governments. With unprecedented growth forecasted in Queensland, the fastest growing state in Australia, local governments have the mandate to support the health and wellbeing of their community <sup>31</sup>. This, in turn will build the necessary economic, social, and cultural capital to sustain thriving, resilient regions.

# Background

As identified by the [World Health Organisation](#) <sup>42</sup> obesity is one of the most significant health challenges of the 21<sup>st</sup> century, increasing rates of non-communicable disease. The consumption of calorie dense foods and drinks, coupled with sedentary lifestyles are driving increasing obesity rates worldwide <sup>21</sup>. Queensland has one of the highest rates of obesity in Australia, with two out of three adults who are overweight or obese and one in four children <sup>31</sup>. This equates to 210, 000 children and 2.62 million adults who are overweight or obese in Queensland <sup>21</sup>. Of most concern is research which indicates that this prevalence will impact the mortality rates and lifespan of current and future generations with obesity significantly increasing risk of developing type 2 diabetes, heart disease, stroke, and some cancers <sup>18</sup>.

The burden of obesity rates on the healthcare system is significant. Between 2015 and 2016 there were 114,4000 episodes of care and 305, 000 patient days have been attributed state-wide to this disease burden <sup>30</sup>. It is estimated that obesity costs the healthcare sector between \$1.5 to \$4.6 billion per year nationally <sup>31</sup>. However, the cost does not stop in the healthcare system. The economic burden of overweight and obesity to regions is also considerable. Obesity has been linked with increased absenteeism and reduced productivity whilst being at work <sup>14</sup>. Productivity losses have been estimated at up to \$14.9 billion nationally per year <sup>30</sup>. These losses impact the economic strength and resilience of a region.

Regional and rural Queensland experience higher rates of obesity with a 12% higher incidence for those who live outside of major cities <sup>30</sup>. Furthermore, research indicates that those living in socio-economically disadvantaged areas in Queensland, were 49% more likely to be overweight, as per the Socio-Economic Indexes for Areas (SEIFA). This cascade of disadvantage for those living in more underprivileged regions is further complicated by social, cultural, and environmental determinants of health <sup>7</sup>. This inverse relationship between socio-economic status and obesity must drive local governments in disadvantaged regions in Queensland to utilise all possible community and policy levers to reduce this significant disease burden.

As society lives in an increasingly obesogenic environment, structural and policy changes must be implemented to support an environment that increases physical activity and the consumption of whole foods, predominately fruit and vegetables. However, as outlined by the approach undertaken by [Health and Wellbeing Queensland](#), <sup>17</sup> an independent organisation created to reduce health inequities in the state, prevention of obesity must consider the structural interventions to address determinants of health. Housing, food security, built environments, climate, social participation, transport, education, and culture all directly and indirectly impact obesity <sup>30</sup>. These determinants of health sit as a foundation to broader structural changes that are required to impact obesity levels across Queensland. This is encompassed by policy and community approaches (Figure 1).

Figure 1: Queensland health, foundation for determinants of health.



Source: Health and Wellbeing Queensland. (2022). *Prevention is key because it works*. <https://hw.qld.gov.au/our-approach/prevention> <sup>18</sup>.

There are multiple levers that have been identified to shift, build, social and culture environment which underpins the obesogenic environment. Research demonstrates the local government engagement and prioritisation of social health policy is essential in formulating, implementing and sustaining environmental shifts that impact disease burden such as obesity <sup>20</sup>. Social health policies influence health outcomes and disease patterns by addressing the social, cultural, environmental, and commercial health inequities <sup>20</sup>.

Local governments are in a unique position to influence the health of their population <sup>1</sup>. As a government 'closest to the people' local governments are well positioned to identify inequities, map responses, plan strategies and facilitate community engagement <sup>2</sup>. Local governments must establish objectives and policy priorities to ensure that the structural, social, and cultural environment supports the health and wellbeing of its citizens. The role of a local government directly aligns with two of the three ambitions outlined in the [National Obesity Strategy](#) (2022) <sup>3</sup> including:

- Creating supportive sustainable and healthy environments and
- Empowering people to stay healthy

With unparalleled [growth forecasted in Queensland](#) <sup>31</sup> local governments must use multiple levers to influence the health and wellbeing of their community to drive economic, social, and cultural growth.

# Pillars of social health policy response at local government level Community based activities.

## Food

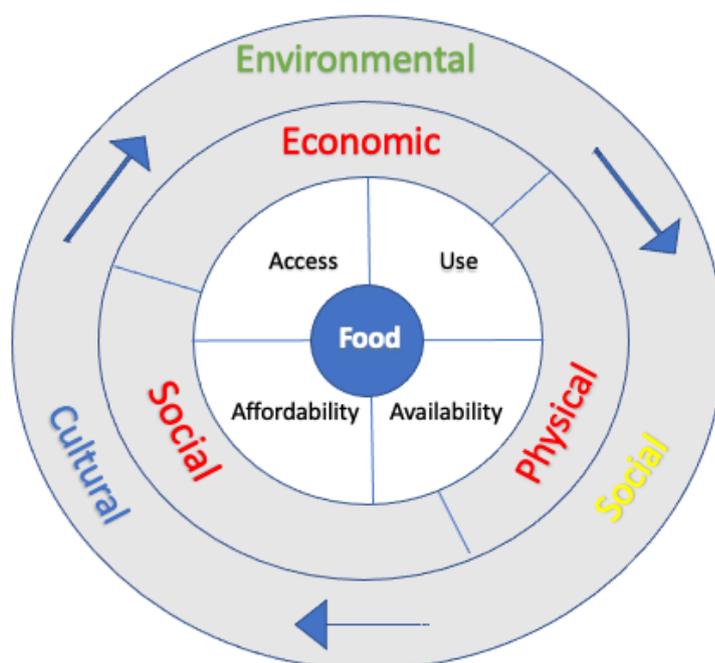
Despite dietary trends that have come and gone over the years, it is undisputed that a diet abundant in un or low processed fruit and vegetables and low in saturated fat, added salts and sugars is linked to a healthy weight range and improved health outcomes across the lifespan according to [Australian Government National Health and Research Council. \(2022\)](#)<sup>5</sup>. However, the food environment in which people live and work often strongly shapes food consumption patterns<sup>40</sup>. These patterns are also shaped by socio-economic factors that can lead to food insecurity, further perpetuating rates of overweight and obesity.

## Food security

Food security is complex and directly and indirectly impacted by social, cultural, and environmental determinants. Food security is defined as the economic, social, and physical ability to access nutritious, safe, and sufficient food<sup>25</sup>. There are four pillars of food security (Figure 2): Food access, Food affordability, Food availability, Food use<sup>8</sup> Described as the 'invisible crisis' in Australia, with more Australians experiencing the phenomenon with the increased cost of living, 3.6 million Australians have experience food insecurity in the last year, with three out of five of these individuals reporting food insecurity at least monthly<sup>26</sup>. Furthermore, the escalating impacts from climate change are influencing the food security of many communities in Queensland, driving up prices, and limiting access<sup>35</sup>. Cyclones, floods, droughts, sea water inundation and bushfires can all impact food production, transport, and access<sup>43</sup>.

Food insecurity is linked to lower socio-economic populations with 56% of food insecure people in Australia reporting they were unable to pay for food due to the increased cost in living<sup>26</sup> However, food insecurity does not always mean food is not available. For those who experience low to moderate food insecurity, often food that is available is often not of high nutritional quality, but is rather dense with calories, fat, sugars, and salts<sup>37</sup>. Typically highly processed foods are considered by many to be cheaper and need less time to prepare than low processed whole foods, however frequent consumption of high processed, nutrient poor food is linked to obesity<sup>28</sup>. The Food Insecurity Obesity Paradox states that those who experience low to moderate food insecurity are often overweight or obese<sup>23</sup>. Instead of food insecurity driving hunger, low to moderate food insecurity drives consumption of food linked to higher BMI and therefore higher risk of developing non-communicable diseases. Therefore, to address high rates of obesity and overweight in a population of a lower socio-economic communities, the local government must use policy levers to build a food system that is equitable, affordable, accessible, and usable by all<sup>9</sup>.

Figure 2: Determinants of food security.

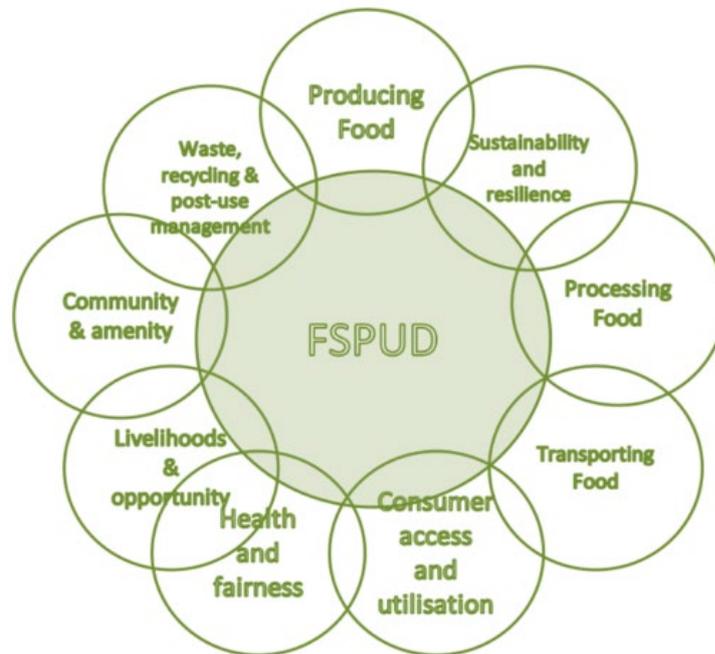


Source: PowerPoint. (2023).

## Food Sensitive Planning and Urban Design

Unlike the well held view that communities are only the recipients of food, local structural, environmental and policy practices influence and connect food to households. This relationship shapes access, purchasing, preparation, consumption, and waste of food. Community based food systems are systems which consider the broader intersection of food with the local community, founded on equity, social justice, self-determination, and health outcomes. Food Sensitive Urban Design and Planning (FSPUD) is a conceptual framework that was conceived by Victorian Government in conjunction with the [Heart Foundation](#) <sup>19</sup> which encourages structural and environmental shifts in the community to shape a sustainable, healthy, resilient and equitable food system. This concept outlines planning legislation, policy and processes that can be undertaken by a local government to plan, design and implement an equitable food system. An equitable food system that promotes food security, environment sustainability and waste management, whilst promoting economic opportunities around livelihoods and training. The FSPUD matrix considers how food production, processing, transportation, consumer access and waste intersects with health and social justice, sustainability, resilience, economic opportunity, and community capacity. These components are outlined in figure 3 and provide policy, legislative and planning opportunities for local governments to build stronger food systems, strengthening their community.

Figure 3: Food Sensitive Urban Design and Planning



Source: Haysom, Gareth & Battersby, Jane & Park-Ross, Robyn. (2020). Food Security SA Working Paper Series: #007 Food Sensitive Planning and Urban Design -A Blueprint for a Future South African City? <http://doi10.13140/RG.2.2.21858.15042> <sup>16</sup>.

## Building capacity: jobs, economic growth

Healthy food environments have the ability to promote training and jobs through economic development, strengthening regional economic resilience <sup>38</sup> As outlined in the FSPUD matrix, land use, as well as the production, processing and transporting of food all create training and business opportunities and economic advantage for a region. Strong policy implementation from local governments can support and enhance strong competitive industry and economic growth through planning, infrastructure and legislation as outlined in the following case study <sup>38</sup>.

## Case Study: Toronto Food Council

Toronto is a world leader in community based food systems and in 1991 established the [Toronto Food Policy Council](#) <sup>38</sup>, to address rising levels of Food insecurity. The Council, consisting of local government councillors, businesses, urban farmers, and community members created the Toronto Food Strategy, an evolving strategy which has created transformational change over more than 30 years to create a healthy and sustainable equitable food system. Based within a population health and social determinants of health approach, Toronto utilises jobs in food to reduce poverty, create local sustainable food systems, reduce climate impacts to reduce poverty and drive economic growth. The Local Governments have been instrumental in supporting the Toronto Food Policy Council, undertaking food vulnerability assessments, legislating the cessation of marketing of unhealthy foods to children, zoning residential apartment buildings to enable food markets and community gardens, promoting urban agriculture, providing job incentives and local training programs for food producers, vendors, and waste management collaboratives.

## Active living

Physical activity is a cornerstone of good health outcomes and is linked to both lower non-communicable disease risk and a healthy weight range. However, many factors influence physical activity such as the built environment. Additionally, with the increasing prevalence of extreme heat events due to climate change, local governments need to consider all levers available to enable opportunities and facilities that engage the community to increase physical activity in a safe and sustainable manner <sup>6</sup>. This includes more cooling the environment with a greater number of green spaces with canopy coverage and planning legislation that reduces clearing of established vegetation and the discourages developments that create heat islands <sup>24</sup>.

## Active community infrastructure and urban planning

Planning for healthy and active communities is critical in the prevention and management of obesity. The design of the built environment has a significant influence on behaviours which lead to increases in incidental and structured physical activity, through providing opportunities for active travel, recreational walking, and cycling <sup>14</sup>. Successful neighbourhood planning incorporates several elements which in turn contribute to healthy behaviours. Taken from the [Heart Foundation Australia](#) (2022)<sup>19</sup> these elements include:

- Walkable neighbourhoods

- Neighbourhoods that are connected
- Provision of quality open space
- Access to public transport
- Foster a sense of place

## Walkable, connected neighbourhoods

Research demonstrates that Australians have a strong desire to live in a community that offer access to shops, amenities and public transport within a short walking or cycling distance <sup>19</sup>. To support this concept, urban planning needs to ensure that walking routes are well connected with footpath and cycling paths to ensure people can walk to their destination safely. Paths should also consider the environment and provide shade and shelter which cools the environment, particularly to mitigate the effects of heat. The presence of street trees helps to provide cooling and reducing the ‘urban heat island effect’ and in turn has been shown to encourage people to walk for both exercise and transport <sup>19</sup>. When creating walkable neighbourhoods, it is important for the network to be well connected and safe to pedestrians. [Heart Foundation Australia, Grid networks](#) <sup>19</sup> provide direct paths to destinations, enabling ease of use and pedestrian navigation. This supports the concept of placemaking, which is emerging as another key element of creating healthy communities. Effective placemaking should consider how a community can best utilise a space – providing for comfort and sociability <sup>12</sup>. Social connection and development of strong social capital can enhance the liveability of a community and help to promote pedestrian friendly spaces <sup>12</sup>. Local governments have an important role in planning, establishing and maintaining the built and social infrastructure required for walkable, connected neighbourhoods through policy, planning and community engagement.

## Quality Open Space and public transport provision

Local governments have an important role in providing green, active, and safe spaces for the community. Providing attractive and useable open space to communities enhances people’s opportunities to participate in physical activity. [The Heart Foundation](#) <sup>19</sup> has demonstrated that over 45% of people regard being within walking distance to a local park either extremely or very important when deciding where to live. Furthermore, having access to public transport encourages additional physical activity opportunities through walking and cycling to and from train stations or bus stops. Building a strong public transport system and the connecting networks provide an important opportunity for Local Governments to be able to further encourage more active, healthy lifestyles <sup>41</sup>.

## Jobs Creation in Active Lifestyles

The [Fitness Industry](#) <sup>11</sup> in Australia is critically important to Australia's economy – it is a source of employment, investment, spend, innovation and impacts on both physical and mental health. Australia's fitness centres, which include health clubs and leisure clubs, indoor and outdoor personal training, and smaller boutique fitness studios, contribute a total of \$3B to Australia's economy <sup>11</sup>. Furthermore, Australians have been estimated to spend around \$8.5B on fitness each year <sup>11</sup>.

Employment in the Fitness Industry is also seeing a steady growth, with the sector experiencing a growth of 4.9% over the past 5 years (Fitness Australia, 2020). Data from [Fitness Australia](#) in 2020 <sup>11</sup> shows the industry is currently employing close to 35,000 people within Australia. This data shows that cultivating a community that values and demands access to physical activity is not only important for the physical health of the community, but also the economic health of the community. Local governments have an important role in facilitating opportunities for community organisations to establish fitness programs and engage with the community <sup>11</sup>.

## Case Study: Ipswich iGO Active

The aim of the City of Ipswich [iGO Active Transport Action Plan](#) <sup>32</sup> (ATAP) is to guide the planning, delivery and promotion of quality facilities and programs for walking and cycling in Ipswich.

The iGO ATAP identified walking profiles, barriers, and enablers to walking, a pedestrian hierarchy, and network and strategic infrastructure priorities. A key feature of the iGO ATAP is that the bike riding and pedestrian networks have been developed separately.

The iGO ATAP pedestrian hierarchy recognises that walking routes have different functions: 'activity streets' serve a place function whereas 'transport corridors' and 'access streets' serve a movement function. This hierarchy was identified for walking routes within 400 metres, 800 metres and 1200 metres of key trip generators such as activity centres, shopping centres, public transport, and schools. This methodical approach to pedestrian planning has resulted in the development of a new funding allocation within Ipswich City Council's capital works program to deliver the identified walking infrastructure.

## Health promotion

Health promotion strategies aligning to local government responsibilities and outlined in the [World Health Organisations Ottawa Charter](#) <sup>41</sup> includes:

- building healthy public policy
- strengthening community action
- developing personal skills
- creating supportive environments

The local government is in a unique position to influence the above strategies and provide opportunities to influence the health incidence and outcomes of obesity in Queensland communities. However, health promotion activities must be customised and prioritised to the community. Food system inequity and areas with lower physical activity must be mapped to adequately tailor health promotion responses to those most in need. The local government has developed overtime a strong understanding of their community which can drive contextualisation of health promotion programs, evaluation of programs and engagement of the community <sup>13</sup>.

## Engaging with schools

Children learn and develop health behaviours when young and these set a foundation for future, often lifelong health behaviours and corresponding disease risk. Health literacy at school age is correlated with more positive health outcomes as individuals age <sup>39</sup>. As a strong conduit to the community and schools, the local government has an opportunity to engage school aged children in food and physical activity health promotion strategies. A report by the [Australia Government](#) (2020) <sup>4</sup>, states engaging with sporting organisations to develop and lead sporting programs within schools, demonstrated that 50% of schools believed this was highly effective in improving children's fundamental movement skills and physical literacy. This was shown to build confidence and capability to be active for life.

In primary school aged students, it has been demonstrated that health eating intervention programs delivered both at school and within the community have beneficial outcomes on health literacy and healthy food choices <sup>22</sup>. The local government's role in supporting and working in partnership with community-based organisations who can provide such programs can in turn impact healthy weight management in school aged children <sup>39</sup>.

## Engaging with the community

Opportunities to support the production and consumption of healthy food, particularly fruit and vegetables can be supported at a local government level in several ways. Planning legislation that supports community gardens and urban agriculture in public spaces, community cooking facilities, opportunities for job creation and training in agriculture, horticulture and food industries, food donation and sustainable food waste systems all drive production and consumption outcomes <sup>7, 29</sup>. These strategies have demonstrated increased

civic participation, training and skills development, local food provision and distribution, and improved physical, social and emotional health outcomes <sup>34</sup>. This strengthens communities, builds economic development, builds community resilience and can improve food security <sup>29</sup>.

Sporting clubs provide an ideal setting for behaviour change across a diverse age span. Good Sports (part of the [Australian Drug Foundation](#) <sup>4</sup>) have been leading the way with assisting clubs to become places for creating healthy behaviours for over 20 years. The program provides clubs with the tools and resources to create health promoting environments within their club, addressing:

- Smoking
- Alcohol management
- Safe transport
- Mental Health
- Illegal drugs
- Creating family friendly environments.

Further to this, Good Sports also help clubs to provide healthy choices for food and drink in their canteens. The impact and effectiveness of a program has been demonstrated to have a significantly lower incidence of risky alcohol consumption at the club; risk of alcohol-related harm; alcohol consumption risk; and possible alcohol dependence. Local governments have an opportunity to support organisations to identify population pockets of need and providing tailored programs that create opportunities to increase health literacy and promote healthy behaviours.

## Case Study: Active Seniors Program

In July 2020, Ipswich City Council launched its 'Active Seniors' program. 'Active Seniors' is a free program designed to get older residents of Ipswich outdoors and active with a variety of fun and low impact activities on offer. Since launching, over 8000 of the Ipswich over 60s community have tried their hand at activities such as Yoga, Tai Chi & Qigong, Aqua Fitness and challenged themselves with a Strength and Fitness class <sup>31</sup>.

The program has been designed with the overall goal of improving the amount of regular physical activity undertaken in Ipswich seniors. To achieve this, the Active Seniors program offers the community a varied program of activities in the hopes to appeal to all types of seniors – from those looking for a low impact class with Aqua Fitness, to those looking to improve balance with Tai Chi and Qigong, and for those looking to improve their cardiovascular health with a Strength and Fitness class. The classes have also been strategically located in areas accessible to the over 60's community in locations that also provide ample parking, shade, seating, and flat ground <sup>31</sup>.

In the planning phases this program, the potential for this program to positively impact on reducing loneliness and isolation within the over 60s community was identified. Therefore, many of the classes are also located near to local cafés to ensure post-class socialisation opportunities. The classes are also run for 40 weeks of the year, to allow for repeated and consistent participation and social engagement. Classes are provided at no cost to the participant to ensure as minimal barriers to participation as possible <sup>31</sup>.

Evaluation of this program has demonstrated that participants have indeed identified a self-reported improvement in their physical health. Encouragingly, participants have also identified several other outcomes from participating in this program including improved mental health; establishment of friendships; a reduction in isolation; and an increase in personal confidence. The strong engagement with this program, and the positive impacts seen within the community has ensured the success and continuation of the program from Ipswich Council <sup>31</sup>.

## Policy

Policy inertia due often to traditional silos of local government, as well as difficulties working with state and federal jurisdictions has created an environment whereby population based local government responses to obesity are not prioritised or strategized within a broader planning response <sup>16</sup>. However local governments are well placed to understand the needs of their community which can inform the customisation of planning and governance policies that support an environment which assists their community in creating a healthy food system, maintaining a healthy weight, and corresponding good health outcomes. However, within the determinants of health model, there are significant commercial determinants impacting communities in Queensland.

Often in private enterprise, the drive of profits over public good is determined by investor returns. Corporations who sell and market unhealthy products such as processed foods, sugar sweetened beverages and alcohol are not concerned with the health impacts to the community <sup>18</sup>. In fact, it has been demonstrated that many lower socio-economic communities are targeted by these corporations, with higher rates of fast-food restaurants and alcohol outlets in these regions. Access to fast food within walking distance of a school has found to increase consumption of these highly processed foods <sup>33</sup>. This is a significant issue given that one quarter of children in Queensland are overweight or obese with higher rates in regional, rural and remote Queensland <sup>18</sup>.

Local government and policies that prohibit such corporations to build outlets near key infrastructure such as schools has been effective in reducing consumption of these foods <sup>33</sup>. Additionally, policies that support the selling of low processed, healthy food and beverages at council sponsored events is also another way to impact the consumption of foods which are linked to obesity <sup>27</sup>. These strategies however need support of state legislation to enable meaningful and impactful authority is given to local governments.

## Case Study: Western Australia Local Government Area public health plan & Local Government area response

[Denmark](#)<sup>36</sup> local governments in WA are required to undertake a public health plan under the WA Government's Public Health Act 2016. The purpose of this plan is to:

- identify the public health needs of the Local Government district
- include an examination of data relating to health status and health determinants in the Local Government District
- establish objectives and policy priorities for the promotion and protection of public health in the Local Government District
- describe the development and delivery of public health services in the Local Government District.
- These aims scope the needs of the community and develops a local government response to health challenges. The [city of Mandurah](#)<sup>10</sup> a local government 70 km south of Perth with a population of 86, 000 people developed a city public health and wellbeing plan which addresses the obesogenic environment for their community by the adopting polices which prohibit:
  - Any advertising that promotes smoking or tobacco products
  - Any advertising that depicts images that promote alcohol or the consumption of alcohol products; or
  - Any advertisement that includes content that is considered by the City to be false, deceptive, or misleading, considered by the City to be offensive or discriminatory or not in the spirit of this Policy.

## Recommendations

Considering the impact that local government can have on the physical, environmental, commercial, social, and cultural environments that can influence the overweight and obesity rates within their community, this paper recommends:

1. Identification of areas within each LGA of high obesity, food insecurity and socio-economic disadvantage.
2. Local Government Areas to undertake a Public Health Plan to inform strategic direction in built environment, natural environments, social environments, and public health leadership which address determinants of health for their community. This includes reporting, evaluation, and tracking metrics.
3. Creation of a community-based food charter and strategic plan. Inclusive of customisation and prioritisation of policies and programs that encourage access to healthy food and increases food security and community food system resilience such as vegetables seedlings and native food plants available at council nurseries.
4. Targeted health promotion customisation in areas of greatest need.
5. The creation of a working group including local governments, Queensland Health, and Queensland State Planning to collaborate on the implementation of supportive legislation to empower and enable local governments to utilise planning policies that can address where fast food chains can be built and the vicinity to key infrastructure such as schools.
6. Local Government policy that prohibits marketing of unhealthy food and sugar sweetened beverages at sporting events, council property and community functions.
7. Targeted interventions to increase physical activity in built infrastructure and supporting community organisations to deliver programs within a shared responsibility model.

## Conclusion

Local governments in Queensland are in a unique position to influence and shape the environment which impacts obesity. Policy levers and community engagement to build healthy, equitable food systems, improve health literacy, engage in health promotion, and enhance physical activity for local governments to impact the health outcomes for their community. The knowledge local governments already hold around population demographics and areas of need, coupled with comprehensive public health planning and analysis, positions the local government to shift the obesogenic environment which is shaping the health outcomes of so many Queenslanders.

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