NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

National Obesity Prevention Strategy

Consultation

Submission to the Department of Health

November 2021

ABOUT NACCHO

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focused on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs. Our members provide three million episodes of care per year for about 380,800 people across Australia, including more than 923,000 episodes of care in remote and very remote regions.

Sector Support Organisations, also known as affiliates, are State based and represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their members including advocacy, governance and the delivery of state, territory and national primary health care policies.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary health care services, often with a preventive, health education focus. Our 143 ACCHOs operate approximately 700 facilities, including about 450 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, making us the second largest employer of Aboriginal and Torres Strait Islander people in the country.

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National Obesity Prevention Strategy - survey

Do you agree with the overall approach of the Strategy?

NACCHO supports the overall approach of the Strategy, and its holistic approach to obesity prevention, and notes the contribution of our Affiliates, ACHWA and QAIHC to this survey response.

Noting that the Strategy takes a whole-of-population approach, NACCHO welcomes the recognition that tailored strategies are required for Aboriginal and Torres Strait Islander communities. However there are some elements relevant to Aboriginal and Torres Strait Islander populations that have not been considered in sufficient detail and we offer our recommendations to strengthen this aspect of the Strategy.

Primarily, NACCHO would like to see the National Agreement on Closing the Gap elevated and made explicit throughout the Strategy. While it may be clear to those who are familiar with the National Agreement that the four Priority Reforms are reflected in this Strategy, making this connection explicit is important for those who are not, in recognition of the importance of the Agreement.

We also believe the 'Universal approaches' focus on the individual and weight gain continues legacy ideas about obesity. A greater focus on diet quality over weight is important in shifting the national mindset that drives unsuccessful dieting and mental health issues associated with weight loss and diets. This change in language would be more in-line with the language used otherwise throughout the document.

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

Broadly, the title reflects the content of the document. However, while some actions are suggested, there are no recommended actions, and no cohesive implementation strategy for action at the Federal, state or local government level.

NACCHO strongly recommends a set of action plans be developed to support implementation of the Strategy. These would include action plans for Aboriginal and Torres Strait Islander people to be developed in partnership with key Aboriginal and Torres Strait Islander organisations, and action plans for other priority populations, jurisdictions and regions.

NACCHO recommends the Strategy include the following if its objectives and ambitions are to be realised:

- Agreed evidence-based actions for each strategy
- Strong targets that align with the National Preventive Health Strategy
- An implementation or action plan developed within the first six months of release which establishes how, when and by which government each action will be implemented.
- Committed, ongoing and adequate funding for each strategy from all governments.

The Strategy includes two Guiding Principles outlined on page 11 of the draft. Do you agree with the Guiding Principles? *Equity, Sustainable Development*

NACCHO is pleased to see equity remain as a guiding principle of this Strategy, and recommends specific reference to the National Agreement be added here as it relates to partnership, self-determination and redressing systemic racism. Under the National Agreement, Australian governments have committed to identifying and eliminating racism; embedding and practising meaningful cultural safety; delivering in partnership with Aboriginal and Torres Strait Islander

people, organisations and communities; and increasing accountability through transparent funding allocations. The Strategy needs to make clear how it reflects these commitments from the National Agreement in the Equity section and throughout the document.

We believe this principle could be significantly strengthened by unpacking strategies to better elucidate the equity component and how this relates to priority populations.

The second guiding principle, sustainable development is welcomed, and could also be strengthened throughout.

For example, we know that colonisation significantly impacted the food security of Aboriginal peoples and their communities. Traditionally, 'bush tucker' formed a large part of Aboriginal people's diets, with many using the land as their primary food source. The creation of reserves and missions for Aboriginal people substantially restricted access to traditional foods and compounding this loss, was the introduction of rations. In place as late as the 1960s in some parts of Australia, rations included bags of white flour and sugar, tins of syrup and dripping and created a dependence in many communities on these non-traditional foods which, due to their higher fat and sugar content, increase the risk of chronic diseases such as diabetes.

The impacts of climate change and industry have further exacerbated this loss of natural food sources by making many places less habitable and negatively impacting growing conditions for plants and crops. However, although the Strategy is aligned with the United Nations Sustainable Development Goals (p.49), there is no discussion of the impact of climate change on food security and sustainability. NACCHO recommend the inclusion of a strategy around the impacts of climate change.

The Strategy includes a high-level Vision outlined on page 12 of the draft. Do you agree with the Vision? *For an Australia that encourages and enables healthy weight and healthy living for all.*

NACCHO note the vision statement does not align with the by-line of the Strategy, *enabling Australians to eat well and be active*. A focus on healthy eating and diet quality rather than weight would be more aligned to the preventive focus of the Strategy.

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

Halt the rise in obesity by 2030

NACCHO supports this target which reflects the WHO Global Target, noting that this target has already been extended from 2025.

However, we note that this target suggests the prevalence of obesity is likely to increase until 2030 and as such would welcome a more ambitious approach. With concerted effort, more significant gains can be made in less time and an interim (2025) target would be welcomed.

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

1. More supportive and healthy environments

2. More people eating healthy food and drinks

3. More people being physically active

4. More resilient systems, people, and communities

5. More accessible and quality support for people.

NACCHO supports the five Objectives.

Are there any Objectives missing?

Recognising that systemic barriers are part of Objective 4, NACCHO proposes that addressing systemic and institutionalised health inequities be elevated to a core objective in itself. This will better reflect the ubiquity and impact of health barriers for those with, or at risk of, overweight and obesity. It would also reflect government commitments to the National Agreement Priority Reform 3 to transform government systems to improve accountability and better respond to the needs of Aboriginal and Torres Strait Islander people.

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

All Australians 1. live, learn, work, and play in supportive and healthy environments

2. are empowered and skilled to stay as healthy as they can be

3. have access to early intervention and primary health care

NACCHO supports the ambitions.

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

1. Lead the way

2. Use evidence and data more effectively

3. Invest for delivery

NACCHO broadly supports the enablers, and offers the following comments:

NACCHO recommends explicitly linking the Enablers to the Priority Reforms of the National Agreement on Closing the Gap. Specifically, Enabler 1 to Priority Reform 1 on formal partnerships and shared decision-making with Aboriginal and Torres Strait Islander people; Enabler 2 with Priority Reform 4 on data sovereignty, and Enabler 3 to Priority Reforms 2 and 3 on building the Aboriginal community-controlled sector and transforming government organisations respectively.

This will strengthen the discussion on enablers and further support the Guiding Principle of equity.

Enabler 1

Text box, p42: "Australians want government to be bolder and to act in areas where they have influence". This requires some unpacking - what is meant by "being bolder" and "areas where they have influence". Although unintended, this wording may be interpreted as paternalism and/or colonialism. If, for example, respondents meant governments should enact stricter legislation regarding advertising junk food to children, it would be helpful to spell this out to avoid ambiguity.

Enabler 1 discussion: "Initiatives work best when the people they are intended for take the lead…" Recommend rephrasing this line for clarity "initiatives work best when they are self-determined and identified by the community as needed..."

Enabler 1.4 NACCHO recommends reference to ensuring ACCOs and ACCHOs are included in proposed partnership arrangements for community-led initiatives.

Enabler 2 discussion: NACCHO reiterates the recommendation above to link this enabler to Priority Reform 4 of the National Agreement on Closing the Gap. While the discussion stresses the value of culturally appropriate research, data sovereignty and community led data collection and ownership, this is not reflected in the specific enablers that follow.

Enabler 2.2: NACCHO recommends an addition to this enabler - that child growth monitoring for Aboriginal and Torres Strait Islander children be undertaken in partnership with Aboriginal-led governance bodies such as ACCHOs.

Enabler 3.5: NACCHO recommends a brief discussion as to how the workforce might be strengthened in line with the recommendations of the forthcoming National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. We note that additional investment to build the organisational capacity of the ACCHO sector must be included in this workforce investment. ACCHOs are at the forefront of disease prevention and provide wraparound health care services to Aboriginal and Torres Strait Islander people across Australia. They are located locally and often the first port of call for Aboriginal and Torres Strait Islander people who may need support or assistance regarding weight loss or to receive nutrition information.

Are there any Enablers missing?

NACCHO acknowledges that co-design and partnership with Aboriginal and Torres Strait Islander communities is addressed in this document, however, greater emphasis on the importance and impact of self-determination would be welcomed. The meaning of 'co-design' may be at risk of dilution or relegation to a tick-box exercise when driven by non-Indigenous organisations. Community-led interventions which are undertaken as an act of self-determination should be preferentially supported and facilitated wherever possible.

NACCHO recommends the inclusion of a **Health in all Policies** (HiaP) enabler, which is more specific and transparent for both readers and governments than 'whole of government' terminology. HiaP is about looking at how government policies impact on health, long term, and encompasses measures such as those discussed in this Strategy, including

- taxation on unhealthy foods
- legislation about advertising and marketing of unhealthy food, especially to children
- embedding healthy eating/cooking and physically activity in the school curriculum, and

- ensuring safe and sustainable environments for physical activity and food production.

A HiaP approach to obesity prevention is current best practice internationally.

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

Strategy 1.2 Suggest re-wording to highlight that inclusion of bush tucker in community gardens should be community led and to avoid possible unintended interpretation of paternalism.

NACCHO welcomes the acknowledgement of the role traditional food and land management systems can play in combating obesity and would welcome further discussion of this. Supporting Aboriginal people to reconnect with traditional food practices and recognising customary rights promotes self-determination and supports the physical, cultural, spiritual and emotional health of Aboriginal communities.

An example of a successful community gardens initiative provided by our Affiliate, AHCWA, is The EON Foundation – Thriving Communities Program, which operates throughout northern WA, establishing edible gardens at remote schools. Through this program children learn how to grow and harvest fresh produce, and the garden provides a source of freely available healthy food for the community.

This Strategy should also note that many communities do not have access to traditional foods due to land degradation after agriculture or mining. As such, an additional example of action could include, *support sustainable access to traditional foods by ensuring meaningful and timely rehabilitation is undertaken where traditional food sources are limited due to land degradation*.

Strategy 1.3

The House Standing Committee on Indigenous Affairs 2020 Inquiry into food pricing and food security in remote Indigenous communities noted, *…this is the third time this matter has been examined in recent years and none of those inquiries has resolved the concerns about food prices and security that have been expressed.*

As a result of COVID, the Food Security Working Group has been established to identify solutions and support supply chains to meet the food security needs of remote communities, however, the activities and achievements of the Working Group are not publicly available. It is also unclear whether this group will continue to address these issues post-pandemic.

NACCHO recommends subsidising communities to meet the high costs of freight and transportation, and offsetting the high operational costs of stores and communities by providing subsidies for maintenance, infrastructure and hardware. These measures could help to mitigate the higher costs of food in remote communities.

NACCHO also cautions against the implementation of pricing mechanisms in the absence, for example, of supportive actions which will increase the availability and affordability of healthy food options. Without access to the latter, increasing the price of certain foods may not reduce consumption of less healthy options, but simply drive up food costs for disadvantaged populations.

Strategy 1.5

Food insecurity, including a lack of access to and the high cost of fresh food, particularly in remote areas, remains a serious challenge facing Aboriginal communities in Australia. Food availability in

regional and remote areas can be limited and inconsistent, which is influenced by geographical location and distance from depots.

Further, there is often limited stock in stores due to small economies of scale in remote communities. This impacts perishable food items which can be in short supply, of poor quality and costly. Cultural events, such as funerals, which can cause remote community populations to increase significantly, can also add pressure to stores that may already have low stock.

There are also fewer opportunities to purchase foods at discounted prices in remote areas and unhealthy food is more likely to be cheaper than nutrient dense foods, such as fruit and vegetables. There is opportunity to work in partnerships with food providers to subsidise healthier foods to ensure these options are cheaper than unhealthy alternatives.

NACCHO also notes the ongoing difficulties encountered in attempting to introduce a simple health rating system in Australia. The influence of vested interests in this public health process is disappointing.

Strategy 1.6

NACCHO is encouraged to see a strategy relating to advertising, particularly in relation to children and sport. A case study of the recent legislative changes in the United Kingdom relating to advertising unhealthy food to children would strengthen this strategy.

Strategy 1.8

NACCHO welcomes this strategy to increase regular physical activity, but notes there is a particular need to improve access to recreation facilities for regional and remote areas, including remote communities.

Support for recreation facilities and maintenance along with support to provide 'on Country' activities would help to improve access to physical activity opportunities for people from remote areas.

This strategy could be strengthened by including support for and promotion of non-sporting activities, such as camping, fishing and gardening. These activities provide incidental exercise, complementing investment in other kinds of physical facilities and activities.

Strategy 1.9

NACCHO recommends including actions aimed at building the cultural security of sports clubs to provide a safe space for Aboriginal people to undertake physical activity. This would provide a basis for lifelong participation in physical activity.

NACCHO recommends specific provision for remote communities which have considerably less access to organised sporting activities and facilities. In this vein, a stronger focus in this strategy on supporting small community-led clubs and organisations would be welcomed.

Strategy 1.10

NACCHO recommends the inclusion of a case study on Foodbank WA which runs *Food Sensations for Schools,* a nutrition education program which is available to *School Breakfast Program* Schools. It aims to improve knowledge, attitudes and skills to encourage healthy eating and cooking. This is an example of a program that provides interventions in schools, teaching skills and supporting a

sustainable approach. We recommend the Strategy implementation include the expansion of these kinds of programs.

Are there any Strategies missing in Ambition 1?

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

Strategy 2.1

This strategy suggests healthy food can be less expensive, however this is often not the case in regional and remote areas where fresh and healthy food is harder to access and more expensive, despite being lower quality than fresh fruit and vegetables in metropolitan areas. While the vast majority of Australians have access to safe, cheap, high quality food, in many remote WA communities for example, the cost of core foods like fruit and vegetables can be around 30% higher. Indeed, for some remote communities (and some urban/regional food deserts) there is no choice in food products whatsoever and NACCHO recommends this be acknowledged in this document.

NACCHO also recommends strengthening this strategy with a commitment to Aboriginal and Torres Strait Islander nutrition. Specifically, a revision of the Indigenous Guide to Healthy Eating based on a tailored evidence review of Aboriginal and Torres Strait Islander populations. This would encompass the unique nature of traditional diets and the diversity of modern diets, rural and remote environments as well as the inequitable burden of disease.

While education is an essential component of improving healthier consumption and lifestyle practices, the Strategy will also need to include meaningful actions aimed at improving accessibility and affordability if it is to achieve its goals.

In understanding that health promotion is more difficult in regional and rural Australia, targeted funding should be dedicated to these areas to overcome the pervasive problems associated with distance.

Strategy 2.2

NACCHO welcomes the example of partnership with ACCOs and recommends this be expanded to include partnering with young people. Young Aboriginal and Torres Strait Islander people are best placed to create social marketing that will positively impact the lifestyle choices of other Aboriginal young people. A commitment to partnering with Aboriginal youth in the development and delivery of social media products could be included in the 'example of actions' section.

NACCHO also suggests the inclusion of "*culturally safe and appropriate* positive language to reduce weight".

Strategy 2.3

NACCHO welcomes the focus on early start of life and the first 1000 days approach to prevention. We recommend further discussion of the importance of antenatal and postnatal care for both mothers and babies and the role of gestational diabetes and breast feeding in obesity prevention, particularly in Aboriginal and Torres Strait Islander communities.

The prevalence of childhood obesity and the absence of culturally specific programs for Aboriginal and Torres Strait Islander people also warrants further work in the development of culturally appropriate programs and tailored communication strategies alongside mainstream campaigns and messages.

Strategy 2.4

NACCHO recommends including Aboriginal and Torres Strait Islander young people in the list of groups for consultation and co-design that is provided in the examples of actions.

Strategy 2.5

NACCHO recommends acknowledgment of self-determination (not just "shared decision-making") as culturally critical to Aboriginal and Torres Strait Islander communities and people.

This strategy would also benefit from some examples of what has worked in this context to demonstrate what 'support' might entail, and how outcomes might be achieved.

Strategy 2.6

NACCHO supports the focus in this strategy on co-design as we know that Aboriginal developed and delivered solutions are more effective than imposed interventions.

Strategy 2.7

NACCHO strongly supports the proposed action to build on existing affordable housing initiatives to improve community and household amenity. However, for this action to have any significant impact, additional government investment in housing will be required.

NACCHO recommends governments work in partnership with Aboriginal communities and organisation to deliver housing solutions that work for Aboriginal people.

NACCHO recommends amending the final sentence in the first paragraph to read "…colonisation, ***systemic*** racism, and relationships…".

Are there any Strategies missing in Ambition 2?

The strategy does not mention smoking cessation, although the glossary recognises 'quitting smoking' as a critical life event that is likely to increase the risk for weight gain. People with obesity and smokers have an increased risk for cancer, heart and respiratory diseases, and smokers are likely to have less endurance, poorer physical performance and increased rates of injury and health complications when compared with non-smokers. Despite these likely health complications, a common barrier to quitting smoking is perceived weight gain and body image issues following smoking cessation, and as such, strategies must be put in place to address these concerns. Smoking cessation must be promoted as part of a healthier lifestyle, along with nutrition and increased physical activity.

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

Strategy 3.1

NACCHO recommends strengthening this strategy by including actions aimed at increasing the Aboriginal workforce. Aboriginal Health Workers and Aboriginal Health Practitioners are often the first point of contact for Aboriginal people within clinics, ensuring Aboriginal people feel welcome, understood and empowered. As such, they will be essential to any expansion of services seeking to

support Aboriginal people with the adoption of healthy lifestyles and weight management. Such actions would also work in support of the forthcoming National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 (Health Workforce Plan) which seeks to increase the Aboriginal and Torres Strait Islander health workforce.

Strategy 3.2

NACCHO notes the importance of access to psychosocial services, particularly for regional and remote areas which often have limited access to these services compared to metropolitan areas. Investment in telehealth for regional and remote areas would help to manage some of these access issues, by enabling greater attendance of appointments remotely.

NACCHO also recommends the actions include reference to the *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people; Chapter 1. Lifestyle, Overweight and obesity* as example of positive action.

Strategy 3.3

Weight stigma experienced in the health system and from health care professionals can compound the discrimination Aboriginal and Torres Strait Islander people already experience within the mainstream health system. Explicit reference to the commitments made by governments under Priority Reform 3 of the National Agreement would strengthen this strategy.

Strategy 3.4

NACCHO recommends this strategy includes a focus on building the capacity and capability of staff in the ACCHO sector, in line with Priority Reform 2 of the *National Agreement on Closing the Gap*. It will also entail increasing the number of Aboriginal people within the health workforce in keeping with the aims of the Health Workforce Plan.

Are there any Strategies missing in Ambition 3?

NACCHO note that many essential medicines can cause or exacerbate obesity and overweight, and there are also evidence-based effective pharmacotherapies available in Australia to manage obesity and overweight. Such treatments are indicated within guidelines to be prescribed or supplied by general practices, health services and by pharmacies. These activities and professionals may be significantly impactful in obesity and overweight and could therefore be considered in more depth within the Strategy. For example, how can evidence-based obesity treatments be better supported through Australia's Health Technology Assessment policy, such as the PBS, especially for vulnerable sub-populations? NACCHO suggests an additional strategy around the impact of medicines on obesity and overweight be considered.

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

Most important:

1. 2.6 Work with priority groups for the best solutions
2. 1.2 Make sustainable, healthy food and drinks more locally available
3. 3.1 Enable better access to health services and programs
4. 2.3 Establish lifelong healthy habits from childhood
5. 2.7 Address systemic barriers to health

Least important:

1. 1.9 Boost the sport and active recreation industries
2. 1.11 Enable workplaces to be healthier
3. 1.4 Make processed foods healthier
4. 2.2 Use social marketing to shift norms and knowledge
5. 1.5 Support healthier choices through clearer food labelling

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

While NACCHO supports the need for flexible implementation, the lack of recommendations or priority actions renders this Strategy impotent. At this high level, it's difficult to imagine that any action will be taken. What will be implemented, and how will accountability or progress be determined? What are the next steps?

NACCHO reiterates our recommendation that a set of action plans be developed to support implementation of the Strategy, particularly action plans for Aboriginal and Torres Strait Islander people developed in partnership with key Aboriginal and Torres Strait Islander organisations, and action plans for other priority populations, jurisdictions and regions.

While the Strategy notes that *it complements and builds on existing commitments across Australia to reduce obesity*, further explanation is needed to make clear exactly how the Strategy will support and complement existing work underway in this space.

NACCHO notes that many of the suggestions for action are already in play - this should be acknowledged. Other suggestions would be better posited as recommendations for action. The Strategy would also benefit from the inclusion of case studies to illustrate what it is possible to achieve. Currently, there is no sense of what works in this document, and this is critical both to engagement and action. Possible examples might include changes in the UK to advertising unhealthy food to children[1], New Zealand's wellbeing budget, as well as more localised initiatives.

There is also no indication of how or whether the strategies outlined are being, or will be, funded.

Do you have any additional comments on the draft Strategy?

Broadly, the Strategy does encompass many of the key risk factors that impact on levels of obesity, which is good to see, however, they could be more clearly highlighted.

Alignment with the National Agreement is welcome, however, as previously noted, this alignment should be made explicit in the strategies outlined, particularly those relating to Aboriginal and Torres Strait Islander communities. It should also be made explicit how the strategies align with the pre-existing targets in the National Agreement.

It is also unclear how this Strategy aligns with the other key strategies, including the National Preventive Health Strategy, the forthcoming Aboriginal and Torres Strait Islander Health Plan 2021-2031 and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031. A list of policy documents is not sufficient; alignment with these key policies requires discussion. It would be helpful to see a visual representation of how this Strategy intersects with other relevant plans and strategies.

Moreover, there are broader structural and social barriers that are not captured in the draft Strategy and not reflected in the proposed actions. Structural determinants of health, such as racism and discrimination work alongside social determinants such as income, housing, employment and education to influence health outcomes and health behaviours such as physical activity and eating behaviours.

Some structural and social barriers for Aboriginal people that could be included in the Strategy are:

- Reducing racism in community sports clubs and exercise groups - a common experience across sporting groups
- Lack of access to affordable and healthy food (with affordability in part related to inadequate employment opportunities and income support). For some people in large families, it is easier and cheaper to prepare unhealthy meals for a large number of people
- The prevalence of chronic disease amongst Aboriginal people, including young people
- The lack of access to appropriate cooking and cold storage facilities.

The glossary provides definitions for overweight and obese stating that BMI is used as the measurement. However, there is debate over the accuracy of BMI measures as they were developed using Caucasian males, and do not necessarily take into consideration ethnicity or gender.