COMMITTEE OF PRESIDENTS
OF MEDICAL COLLEGES

National Health Summit
on Obesity

SUMMIT BACKGROUND
PAPER

September 2016
We are moved by sensational images of heroes who leap into action as calamity unfolds before them. But the long, pedestrian slog of prevention is thankless. That is because prevention is nameless and abstract, while a hero’s actions are grounded in an easy-to-understand narrative.

Nassim Nicholas Taleb¹

LET’S DO THIS TOGETHER!

The Committee of Presidents of Medical Colleges (CPMC) is a unifying organisation of and support structure for the specialist Medical Colleges of Australia. In the area of obesity the CPMC is committed to working with the individual medical specialties to develop and promote a broad base of intercollegiate knowledge to provide for the Australian community the highest quality of health advice and care based on the best evidence available and sound clinical principles to improve, protect and promote the health of the Australian community.

While the individual member Colleges are responsible for the determination and maintenance of standards for their respective disciplines and for the training and education of medical specialists in that discipline; CPMC provides a vehicle for collective policy development and, as the peak specialist medical body in Australia, provide objective advice on health issues to Government and the wider community. Obesity is a burgeoning public health issue that requires an immediate and collective response from the health and social services sectors of our community.

If we don’t take action now the social, health and economic consequences for the community are likely to be catastrophic.

Obesity is a complex social and health issue. So, designing a long term strategy across the life course must involve a wide range of stakeholders including medical, nursing and other health professionals, public health advocates, schools, advertising companies, the food industry, town and social planners, politicians and insurers.

This is not a challenge that can be met silo by silo.

Convening a Health Summit is aimed at bringing many of these parties together to examine the evidence and issues; tackle the controversies; recognise national and international success stories; identify potential policy and practice initiatives that can be achieved by the stakeholders; and make recommendations to the Australian Government.

Obesity it is fast becoming Australia’s biggest health challenge. In 2014–15, an estimated 11.2 million adults (63.4%) were overweight or obese—6.3 million (35.5%) were overweight and 4.9 million (27.9%) were obese. One in 4 children aged 5–17 (27.4%, or 1 million) were overweight or obese.\(^2\) Overweight and obese people are at higher risk of cancer, type 2 diabetes, heart disease, and other life-threatening illnesses. There is evidence that including obese people into the development of normal ranges for pathology may corrupt results. It costs more to treat an obese patient, and some clinicians refuse to take the risk (anaesthetics) and there is potential for it to affect community rating insurance for all Australians.

It is fair to state that the response to date has been fragmented and has had little apparent impact on arresting the rising rates of obesity in Australia.

While there is some evidence Australian Government and the State and Territory health departments are starting to address the challenges of obesity, it is difficult to identify current and specific programs and initiatives relating to obesity. There is also no evidence of funding for

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managing the obesity epidemic in the 2016-2017 Budget. While it appears there is a lack of leadership from Government or any of the stakeholder groups with an interest in this serious public health risk, this may be a symptom of the complexity of the challenge. However, that is no reason not the take a stand with all the key stakeholders and accept the challenge.

CPMC is well positioned to take the lead in furthering the consideration of how this problem can be addressed. It is respected and has the right sort of expertise to do so. Therefore, CPMC is convening and hosting a National Health Summit on Obesity at the Royal Australian College of General Practitioners, in Melbourne on 9 November 2016, inviting key experts and stakeholders.

The aim of the Summit is to not to dwell on how big the problem is but focus stakeholder thinking on what this group of stakeholders can do to solve the problem.

WHAT DOES THE EVIDENCE TELL US ABOUT OBESITY AND ITS MANAGEMENT?

Internationally, there are several examples of where government has intervened for the greater population health such as in France where government policy combines the principles of preservation of French standards with regard to use of local produce through to food safety, nutrition and prevention of obesity. In the United Kingdom the government has developed a cross-governmental childhood obesity strategy that aims to reduce the number of overweight and obese children in the UK. A ‘sugar tax’ has also been introduced in that jurisdiction, emulating a model of regulation that have been invoked to address the harms of smoking and tobacco. In Australia in 2009, the Preventative Health Taskforce identified obesity as one of the top seven preventable risk factors that influence the burden of disease in Australia. This has led to a series of bipartisan Government initiatives targeting obesity including a dedicated website with resources based on the theme of a ‘healthy and active Australia’.

What evidence there is tells us that to reduce the burden of disease caused by obesity, initiatives must include those that:

- **PROTECT**
- **ENABLE**
- **INFORM**
- **SUPPORT**

With a particular focus on a range of experimental preventative strategies, the initiatives must traverse the breadth of social, environmental, regulatory and medical interventions;

- **Life course considerations** (infancy, childhood, youth, adulthood and aging)
- **Regulatory mechanisms** (eg taxation on sugar, advertising restrictions, food labelling)

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- **Lifestyle and behaviours** (eg diet, exercise and play)
- **Environmental considerations** (eg urban and regional planning initiatives)
- **Adjunctive therapies** (including surgery, medication, psychological support and dealing with stigma).

Models of strategy and action for the prevention and management of obesity are out there. The example of smoking and the collective and multi-pronged approach to reducing this public health calamity provides impressive guidance.

The Royal Australasian College of Physicians has taken an early stand on the public harms of alcohol and begun the push for a "comprehensive, evidence-based national strategy".  

The work of the Australian Health Prevention Taskforce gave us early advice on some of the strategies required to specifically address the burden of obesity. Also, the recent work of the World Health Organisation (WHO) and the UK Stakeholder Group have given us important insights and guidance in the area of childhood obesity.

Professor Moodie said Australia’s success in restricting advertising of tobacco products had resulted in significant drops in smoking rates, and lessons needed to be learned from that campaign.  

“We know what to do in this area [because we did it with tobacco],” he said.

“We know that we cannot rely on the industry to self-regulate. It’s their job to make money, and we understand that, but they can’t just make money by destroying Australians’ health.

“Our job as health professionals is to continuously point this out not only to the government but also to the medical profession.”

Recommendations from the WHO *Report of the Commission on Ending Childhood Obesity*  

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WHAT MUST WE DO AND GETTING IT DONE - HOW TO PROGRESS TO ACTION AND IMPACT?

WHAT MUST WE DO INDIVIDUALLY AND JOINTLY?

The summit must address what initiatives the participant stakeholders can undertake individually and jointly within their sphere of action and influence to make a difference in the short, medium and long term.

This involves identifying positive solutions across the social determinants of health:

- **Health professional education and training** (eg curriculum development, undergraduate education and continuing professional development)

- **Health policy, planning and translation** – local (medical colleges and health associations), COAG (political/policy recommendations to governments for action)

- **Community engagement** – partnering with patients and the community to ensure shared commitment

- **Effective therapies** - developing clinical advice to provide care to people (eg models of care, clinical pathways)

WHAT CROSS SYSTEM INITIATIVES MUST BE UNDERTAKEN?

What cross system initiatives should be proposed, funded and undertaken with the support of the Council of Australian Governments in the short, medium and long term that will make a difference?

How do we progress the initiatives identified to maximum effect? Ideas for identifying the way forward from the Summit in the short, medium and longer term.

The challenge now for all of us is TO DO!

To do COLLECTIVELY...

And to MAINTAIN the COMMITMENT and INVESTMENT in the strategies!
A TASTE OF SOME OF JUST SOME OF THE INFORMATION AND LITERATURE AVAILABLE ON OBESITY

Series of papers and other materials in The Lancet: Available at:


Colchero MA, Popkin BM, Rivera JA, NG SW (2016) “Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study” *BMJ* 2016;352:h6704. Available at: [http://www.bmj.com/content/352/bmj.h6704](http://www.bmj.com/content/352/bmj.h6704).


*MJA Video* available at: [https://www.youtube.com/watch?v=XVNlldLF_FU](https://www.youtube.com/watch?v=XVNlldLF_FU).


National Health and Medical Research Council (2013) *Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia* -


Rudd Centre for Food Policy and Obesity website: Weight Bias and Stigma: resources for health professionals. Available at: http://www.uconnruddcenter.org/weight-bias-stigma.
