COMMITTEE OF PRESIDENTS
OF MEDICAL COLLEGES

National Health Summit
on Obesity

REPORT AND
CONSENSUS STATEMENT
FOR ACTION

9 November 2016
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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 Taleb

Acknowledgement is made of Working Dog Productions for permission to show Episode 1 of The Hollowmen – ‘FAT CHANCE’ at the Summit.

CONSENSUS STATEMENT ON ACTION TO REDUCE OBESITY

At the National Health Summit on Obesity convened by the Committee of Presidents of Medical Colleges and held on 9 November 2016, those in attendance agreed that the two aspects of obesity prevention and treatment require a wide ranging array of strategies to be implemented to address this burgeoning community challenge. However, there is consensus the following actions are necessary in the short term to address the alarming obesity epidemic that is affecting the Australian community.²

It is strongly recommended that a national task force is established by the Australian Government including those organisations attending the Summit to achieve these goals, working with Governments and other stakeholders.

1. OBESITY – A CHRONIC DISEASE NOT A LIFESTYLE CHOICE

Lobby for obesity to be recognised and classified as a chronic disease with multiple causes. This should be reflected in the casemix classifications and funding mechanisms under the Medical Benefits Schedule (MBS) and Pharmaceutical Benefits Schedule (PBS) enabling health professionals to better manage the disease leading to:

- Reduction of stigma, weight bias and discrimination for people with obesity allowing people being able to talk freely to health professionals about treating their obesity.

- Early and better access to health care services and effective treatments for people with obesity. (Currently there are no anti-obesity medications available on the PBS. Three medications are approved by therapeutic Goods Administration (TGA) for management of people who are overweight or obese, but none are on the PBS.³ Research is required to better determine which patients would benefit the most from pharmacotherapy).

- Heightened acknowledgement and action by Governments, health professionals and the community, as obesity is already recognised as a National Health Priority.

2. BUILDING HEALTH PROFESSIONAL CAPABILITY IN THE PREVENTION AND MANAGEMENT OF OBESITY

Work with Governments, the health professions, researchers and education providers to ‘fill the clinical toolbox’ for health professionals for the prevention and management of obesity in the community, including:

- Providing targeted education and training and educational resources for health professionals in the prevention and management of obesity leading to knowledge and expertise; including interprofessional education and embedding training positions focussed on obesity.

² List of invitees to the Summit is at Appendix 1; Summit Program is at Appendix 2.
³ Orlistat (Xenical), phentermine (Duromine, Mentermine) and liraglutide (Saxenda).
• Funding research to identify evidence based prevention strategies, clinical pathways/clinical practice guidelines and other management initiatives

• Comprehensive and accessible MBS and PBS packages for the prevention and management of obesity including:
  • Multidisciplinary planning, care and funding; including cross professional referral
  • Motivational interviewing, counselling and support
  • Low calorie diets and nutritional support for people with or recovering from obesity
  • PBS sponsored medications for the management of people with or recovering from obesity.
  • Equitable access to bariatric surgery for people with obesity.
  • Using physical activity vital signs as part of any clinical assessment conducted by health professionals.

3. HEALTH PROFESSIONALS LEADING BY EXAMPLE – PUTTING OUR HOUSES IN ORDER
   MAKING THE HEALTHY CHOICE THE EASY CHOICE

   Work within organisations where health professionals study, work, live and learn to reduce the availability of sugar sweetened beverages and processed foods; ensuring instead that a wide variety of healthy, fresh foods and water are available to provide healthy choices for all staff, students and visitors. Including:

   • Universities and other education facilities
   • Hospitals and health services
   • Health professional college and association facilities.

4. PREVENTION BEGINS BEFORE THE BEGINNING – PRECONCEPTION EDUCATION AND CARE

   Lobby for Governments to sponsor a national initiative to provide obesity prevention education and care for all women and men in their planning and preparation for conception, pregnancy and birth of children.4

5. NATIONAL OBESITY PREVENTION STRATEGY

   Lobby for and work with Governments in adopting and implementing a comprehensive National Obesity Prevention Strategy and Action Plan across Australia, including the evidence from research and recommendations from experts such as: the recent public health research collaboration seeking consensus on the prevention of obesity; WHO

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4 The Victorian Government initiative in this area provides a potential model for national roll out - this would also form part of the National Obesity Prevention Strategy outlined below.
initiatives in obesity prevention; recommendations from the Preventative Health Taskforce; the work of other international governments.

This strategy should encompass the areas that go to addressing the social determinants of health and include:

- **Life course considerations, lifestyle and behaviours** - pre-conception, infancy, childhood, youth, adulthood and aging
  - Promoting the intake of healthy foods at all ages
  - Weight management
  - Preconception and pregnancy care
  - Early childhood diet and physical activity
  - Health, nutrition and physical activity for school aged children
  - Promotion of physical activity exercise and play
  - Active travel strategy to promote walking, cycling and use of public transport
  - Dietary guidelines freely available and distributed through multiple conduits
  - Consistent framing of positive key messages eg ‘making the healthy choice the easy choice’
  - Health professionals providing opportunistic advice.

- **Regulatory mechanisms** – using positive and negative regulatory incentives including:
  - Health levy on sugar sweetened beverages
  - Advertising restrictions eg venue and time limitations on unhealthy food and beverage advertising
  - Clear and specific food labelling
  - Regulating sale of fast food in schools, sporting venues and other high risk locations.

- **Environmental design and planning** - urban and regional planning initiatives promoting safe, inviting and proximate access to schools, shopping precincts, playgrounds and sporting facilities including pedestrian pathways and cycle ways. This should be done in conjunction with:
  - Associated public policy
  - Partnerships with health
  - Focus on the social determinants of health
  - Local government advocacy.

- **Managing community expectations** – community education
  - De-stigmatisation – managing the language and messaging used in education and materials
- Empowering the community for behaviour change with high impact, sustained public education campaigns to improve attitudes and behaviours around diet, physical activity and sedentary behaviour
- Comprehensive and consistent diet, physical activity and weight management national guidelines.

6. FOOD REGULATION AND RE-FORMULATION FOR HEALTH

Lobby for Governments to fund and use research evidence and regulatory mechanisms to reduce the consumption of unhealthy and processed beverages and foods by:

- Implementing a health levy on sugar sweetened beverage as a disincentive to purchasing these; and providing a funding source for some of the array of other health and community initiatives needed to prevent and manage obesity.

- Continuing to support and strengthen current voluntary initiatives directed at food re-formulation in food manufacturing – as sponsored by the Health Issues Partnership. Support food re-formulation initiatives that drive changes to the composition of processed foods to improve diets. Food reformulation initiatives have so far aimed at reducing salt, trans-fatty acids, saturated fatty acids, sugars and total energy. Evidence suggests the Health Star Rating Food Labelling System will, amongst other things, motivate food manufacturers to reformulate products and develop healthier products.
WE ARE DOING 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 was 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.\(^5\) 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 managing the obesity epidemic in the 2016-2017 Budget. While it appears there is a lack of

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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 convened 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 was to do 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\(^1\). 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\(^2\). 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\(^3\). 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’\(^4\).

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\(^6\)**

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”\(^7\).

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.\(^8\) 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.

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**Recommendations from the WHO Report of the Commission on Ending Childhood Obesity\(^9\)**

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\(^7\) The Royal Australasian College of Physicians (2016) *Re-thinking drinking.*

\(^8\) Preventative Health Taskforce (2009) *Australia: the healthiest country by 2020* series of papers.

WHAT WE MUST DO AND GETTING IT DONE - PROGRESSING TO ACTION AND IMPACT

WHAT WE MUST DO INDIVIDUALLY AND JOINTLY

The summit addressed what initiatives the participant stakeholders could 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)

CROSS SYSTEM INITIATIVES THAT MUST BE UNDERTAKEN

The Forum examined cross system initiatives that 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.

The Forum also explored how we might begin to progress the initiatives identified to maximum effect and ideas for 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 -


Other literature and information


Moodie Rob, Bruker Peter (2016) “Drop the sugar coating: The obesity epidemic is bringing with it a host of health problems. A major factor behind it is our sugar addiction”, University of Melbourne, 11 October. Available at: https://pursuit.unimelb.edu.au/articles/drop-the-sugar-coating.


MJA Video available at: https://www.youtube.com/watch?v=XVNlldLF_FU.


APPENDIX 1 – INVITEES TO CPMC NATIONAL HEALTH SUMMIT ON OBESITY

SCIENTIFIC ADVISORY COMMITTEE

Professor Andrew Wilson  Director, Menzies Centre for Health Policy, University of Sydney
Ms Jane Martin  Speaker, Executive Manager, the Obesity Policy Coalition
Dr Frank Jones  Immediate past President RACGP
Professor Tim Gill  Speaker, Public Health & Nutrition, University of Sydney
Dr Georgia Rigas  Speaker, Chair Obesity Management Network, RACGP
Prof. Louise Baur  Speaker, Child & Adolescent Health, University of Sydney
Professor Joe Proietto  Speaker, Endocrinologist
Dr Melanie Lowe  Speaker, Research Fellow, environment, Melbourne University
Professor Anna Peeters  Speaker, Epidemiologist, Deakin University

INVITEES

Dr John Dixon  Head Clinical Research, Baker IDI
Dr Wendy Brown  Surgeon - bariatric surgery (FRACS)
Mr Bill Stavreski  Heart Foundation National Data and Evaluation Manager
Mr Paul Grogan  Cancer Australia Policy Adviser
Ms Claire Hewat  CEO, Dieticians Association of Australia
Professor Kylie Ward  CEO, Australian College of Nursing
Ms Suzanne Davies  Australian Food and Grocery Council of Australia
Minister Sussan Ley  Australian Food and Grocery Council of Australia
Ms Lisa McGlynn  First Assistant Secretary, Australian Department of Health
Dr Bernie Towler  Australian Department of Health
Dr Tony Willis  National Health & Medical Research Council
Professor Villis Marshall  Australian Commission on Safety & Quality in Health Care
Professor Nick Glasgow  President, Australian College of Rural and Remote Medicine
Ms Amanda Adrian  Facilitator & Health Consultant
Ms Sophie Scott  Senior ABC Health Reporter
Dr Craig Dukes  Australian Indigenous Doctors Association
Ms Melissa Sweet  Sweet Communications journalist
Ms Rebecca Zosel  Public Health Consultant, Malachite Consulting

COLLEGE PRESIDENTS

Professor Phil Trusket  The Royal Australasian College of Surgeons
Dr Adam Castricum  Australasian College of Sports Physicians
Professor Tony Lawler  Australasian College for Emergency Medicine
Professor Ruth Stewart  Australian College of Rural and Remote Medicine
A/Prof Christopher Baker  Australasian College of Dermatologists
Dr Genevieve Goulding  The Australian and New Zealand College of Anaesthetists
A/Prof David A. Scott  The Australian and New Zealand College of Anaesthetists
Professor Charlie Corke  The College of Intensive Care Medicine of Aust and New Zealand
Dr Bastian Seidel  The Royal Australian College of General Practitioners
Dr Michael Cleary  The Royal Australian College of Medical Administrators
Dr Richard Newton  The Royal Australian and New Zealand College of Psychiatrists
Dr Carol Silberberg  The Royal Australian and New Zealand College of Psychiatrists
Prof Michael Harrison  The Royal College of Pathologists of Australasia
Dr Bernadette White  The Royal Aust- NZ College of Obstetricians and Gynaecologists
Dr Brad Horsburgh  The Royal Aust-NZ College of Ophthalmologists
Professor Gregory Slater  The Royal Australian and New Zealand College of Radiologists
Dr Catherine Yelland  The Royal Australasian College of Physicians

COLLEGE CEOS

Ms Angela Magarry  The Committee of Presidents of Medical Colleges
Ms Katherine Walsh  The Royal Australasian College of Surgeons
Ms Linda Smith  The Royal Australasian College of Physicians
Ms Kate Simkovic  Australasian College of Sport and Exercise Physicians
Dr Peter White  Australasian College for Emergency Medicine
Ms Marita Cowie  Australian College of Rural and Remote Medicine
Mr Tim Wills  Australasian College of Dermatologists
Mr John Ilott  The Australian and New Zealand College of Anaesthetists
Mr Phillip Hart  The College of Intensive Care Medicine of Aust and New Zealand
Dr Zena Burgess  Royal Australian College of General Practitioners
Dr Karen Owen  The Royal Australian College of Medical Administrators
Dr Mirco Kabat  Royal Australian and New Zealand College of Psychiatrists
Dr Debra Graves  The Royal College of Pathologists of Australasia
Ms Alana Killen  The Royal Aust-NZ College of Obstetricians and Gynaecologists
Dr David Andrews  The Royal Aust-NZ College of Ophthalmologists
Ms Natalia Vukolova  The Royal Australian and New Zealand College of Radiologists
APPENDIX 2 – PROGRAM FOR CPMC NATIONAL HEALTH SUMMIT ON OBESITY
COMMITTEE OF PRESIDENTS OF MEDICAL COLLEGES

National Health Summit on Obesity Program

RACGP House
100 Wellington Parade
East Melbourne
Victoria 3002

Wednesday 9 November 2016
9.30am – 4.30pm
The aim of the Summit is to **not** to dwell on how big the problem is but focus stakeholder thinking on:

- What actions does the evidence support for preventing and addressing obesity in the community.
- What initiatives are already in place, so we don’t replicate efforts, but build on them.
- What initiatives can the participant stakeholders undertake individually and jointly within their sphere of action and influence to make a difference in the short, medium and long term that will make a difference
- 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 to progress these initiatives to maximum effect
- Who should have responsibility.
SUMMIT PROGRAM

09:30am ARRIVAL, MEETING AND GREETING

10-10:15am MINISTERIAL OPENING – key messages - what the Government wants

10:15-10.25am Introduction of the Scientific Advisory Group and outline the objectives of the day – Professor Nick Talley

10:25-10.55am OPENING - Episode 1 of The Hollowmen – ‘FAT CHANCE’†††

10.55–11:25am WHAT IS THE AVAILABLE EVIDENCE? - Professor Andrew Wilson - CHAIR: Professor Nick Talley

11.25-11:45am MORNING TEA

11:45am-1:00pm WHAT DOES THE EVIDENCE TELL US ABOUT OBESITY AND ITS MANAGEMENT? – FACILITATOR: Amanda Adrian. Panel to focus on the evidence NOT the solutions, with audience input:

- Regulatory mechanisms (eg taxation on sugar, advertising restrictions, food labelling) – Ms Jane Martin
- Life course considerations (infancy, childhood, youth, adulthood and aging) – Professor Louise Baur
- Lifestyle and behaviours (eg diet, exercise and play) – Professor Tim Gill
- Environmental considerations (eg urban and regional planning initiatives) – Dr Melanie Lowe
- Adjunctive therapies (including surgery, medication, psychological support and dealing with stigma) – Dr Georgia Rigas

1:00-1.45pm LUNCH

1:45-2:45pm WHAT MUST WE DO AND GETTING IT DONE - HOW TO PROGRESS TO ACTION AND IMPACT? – FACILITATOR: Sophie Scott. Panel to initiate ideas and work with other participants in identifying positive solutions across the social determinants of health:

- Health professional education and training (eg curriculum development, undergraduate education and continuing professional development) – Professor Louise Baur
- Health research, policy, planning and translation – local (medical colleges and health associations), COAG (political/policy recommendations to governments for action) – Professor Anna Peeters
- Community engagement – partnering with patients and the community to ensure shared commitment – Ms Jane Martin
- Effective therapies - developing clinical advice to provide care to people (eg models of care, clinical pathways) – Professor Joseph Proietto

2.45 – 3pm REFRESHMENT BREAK

3:00-4.30pm Continuing facilitated session working with other participants in identifying the way forward from the Summit in at the practice, policy and political level and in the short, medium and longer term – FACILITATOR - Sophie Scott.

4:30pm WRAP UP AND CLOSE

††† Screening authorised by M Hirsh, Executive Producer, Working Dog.