



Council of Presidents of Medical Colleges

Chair, Committee on Obesity
Department of the Senate
Parliament House, Canberra ACT 2600
E: obesitycommittee.sen@aph.gov.au

Dear Senator Di Natale

The Council of Presidents of Medical Colleges (CPMC) welcomes the opportunity to submit to the *Select Committee on the Obesity Epidemic in Australia*. CPMC is the peak body for specialist medicine in Australia comprising all fifteen of Australia's specialist Medical Colleges.

The World Health Organisation's **definition** of overweight is a person having a body mass index of greater than or equal to 25, and for obese as greater than or equal to a BMI of 30.¹

The **statistics** show that obesity 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 four children aged 5–17 (27.4%, or 1 million) were overweight or obese.²

CPMC has recognised that **obesity** is a burgeoning public health issue that requires an immediate and collective response from the health and social services sectors of our community. This is because overweight and obese people are at higher risk of cancer, type 2 diabetes, heart disease, and other life-threatening illnesses.³ 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.

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' to specifically address the burden of obesity⁴.

More recently several programs have been introduced to tackle the growing problem of obesity in Australians. The Healthy Food Partnership was introduced in 2015 to make healthy food more accessible and to encourage manufacturers to make positive changes to their products⁵. The Health Star Rating system⁶ is a program to address front-of-package labelling by rating the nutritional value of packaged food and as it is voluntary, it provides companies with an opportunity to re-formulate

¹ <http://www.who.int/mediacentre/factsheets/fs311/en/>

² Australian Bureau of Statistics (2015) *National Health Survey: first results*, 2 and 25.

³ <https://www.aihw.gov.au/reports/biomedical-risk-factors/risk-factors-to-health/contents/overweight-and-obesity>

⁴ Preventative Health Taskforce (2009) <http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap>

⁵ <http://www.health.gov.au/internet/main/publishing.nsf/content/healthy-food-partnership>

⁶ <http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/content/home>

their product to achieve a higher star rating. The May 2018 Federal Budget shows an investment of \$230 million over five years to promote increased physical activity in school programs and for community infrastructure grants. While these initiatives are welcomed, not enough is being done by governments to prevent the social, health and economic consequences for the community from rising levels of overweight and obese people. This is because obesity is not a challenge that can be met silo by silo. It is a complex social and health issue.

Internationally, there are several examples of where government has intervened for the greater population health such as **in France**⁷ 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**⁸ 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. Also, the recent work of the World Health Organisation (WHO) and the UK Stakeholder Group have given important insights and guidance in the area of childhood obesity⁹.

The available evidence tells us that to reduce the burden of disease caused by obesity, initiatives must include those that protect, enable, inform and support. They must traverse the breadth of social, environmental, regulatory and medical interventions.

The 2016 CPMC National Health Summit on Obesity was convened to examine the evidence and issues, tackle the controversy and identify potential policy and practice initiatives that can make a difference. Of the series of recommendations arising from the Summit it was agreed that what is urgently required is for COAG to establish a **National Taskforce** on Obesity which can adopt and implement a comprehensive National Obesity Prevention Strategy and Action Plan across Australia.¹⁰ Within the scope of a Taskforce is the merit in recognising obesity as a chronic disease for classification and funding purposes to enable health professionals to better manage the disease. This will provide the framework for giving proper consideration to early and better access to health care services and effective treatments for people with obesity.

CPMC would be pleased to discuss this matter further at the convenience of the committee and can be contacted via email: ceo@cpmc.edu.au

Yours sincerely,



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⁷ http://social-sante.gouv.fr/IMG/pdf/PNNS_UK_INDD_V2.pdf

⁸ <https://www.rcplondon.ac.uk/news/new-alliance-obesity-outlines-priorities-action>

⁹ Commission on Ending Childhood Obesity (2016) Report of the Commission on Ending Childhood Obesity, World Health Organisation.

¹⁰ https://cpmc.edu.au/wp-content/uploads/2016/04/20161124_CPMC_Obesity_Summit_Consensus_Statement_and_Report_final.pdf