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Submission on the draft National Obesity Prevention Strategy

November 2021

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,863 physicians and 8,830 trainee physicians, across Australia and New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

Foreword

The RACP strongly supports the need for and goals of a National Obesity Prevention Strategy. The COVID-19 pandemic has shown why it is more important than ever to set a strong agenda for addressing obesity:

- People with obesity are at greater risk from COVID-19 and other infectious diseases.
- Obesity is more prevalent among our priority and underserviced populations.
- COVID-19 restrictions and economic impacts have made it more difficult for people with obesity to seek treatment and manage their health.

The RACP welcomes many aspects of the draft Strategy, particularly those that focus on system level change, collective action, creating healthier environments, addressing social disadvantage and inequity and the need to reduce stigma. However, we assert that like its predecessor reports and strategies, this Strategy places too much emphasis on individual responsibility and risks missing the opportunity to have transformational impact across the whole of society.

In our previous contribution to the development of the Strategy, we stated that its objectives hinted at the need for "ways of reorienting economic policies, subsidies, investment and taxation systems to best benefit healthy eating and active living, health outcomes, communities and the environment." We also clearly stated that with two out of three adults and one in four children overweight or obese, a systemic reorientation is needed to effectively address the issue of overweight and obesity in Australia. The draft Strategy, while promising, has not arrived at such a reorientation.

The COVID-19 pandemic has demonstrated more clearly than ever that our community's health is everyone's business. Obesity is one of the main drivers of disease and disability in Australia and there is widespread recognition that more needs to be done to reduce its burden on the people who live with it and the healthcare system who has been unable to serve them to the fullest of its capacity.

The drafting of this much needed strategy offers us a unique opportunity for a paradigm shift in our approach to obesity. 'Building back better' in the era of COVID is a unique chance for the nation to set our policy settings right and deliver better health and wellbeing outcomes to millions of Australians who live with obesity and to give the upcoming generations of Australians the best chance to prevent the deleterious effects of overweight and obesity.

Comments

We welcome the recognition of our previous advocacy to:

- Explicitly state the scope of this Strategy, which is predominantly focused on prevention
- Require that the Government urgently update the lapsed NHMRC guidelines on management of obesity
- Release this preventive-focused strategy as a matter of urgency for a review given the protracted development of the strategy.

In 2018 the RACP developed and published an evidence-based, system-focused Policy Statement on Obesity, in which we recommend key actions, including:

- a tax on sugar-sweetened beverages to reduce consumption, and the use of the collected revenue to facilitate access to healthy diets and initiatives to improve health equity;
- introducing strict regulations to restrict the marketing of unhealthy diets to children and young people;
- mandating the revised Health Star Rating;
- implementing consistent healthy food and drink policies which promote and enhance healthy diets and implementing a health-in-all policies approach in all government-owned and controlled settings.

These remain important priorities for effectively addressing obesity and we encourage the Government to adopt these measures. in the National Obesity Prevention Strategy and forthcoming action plan as a matter of urgency,

Obesity is a vexed systems challenge that has not responded to sporadic, individual-based approaches. We know that a wide range of cross-sector actions is needed and acknowledge this will take time and effort. Therefore, in prioritising the proposed initiatives we endorse the systemic changes that deserve the most urgent action.

The RACP strongly supports implementing an effective tax on sugar-sweetened beverages to reduce consumption and use the revenue thus generated to facilitate access to healthy diets and culturally relevant initiatives to improve health equity.

We strongly support a strategy to protect children from unhealthy food marketing.

The Strategy and recommended actions must focus on government regulation to protect children from unhealthy food marketing in all areas of their lives. Government regulation at a federal level is needed, with an independent monitoring system and strong sanctions for breaches.

We suggest the following key actions be included to implement this Strategy effectively:

- Protect children from digital marketing by restricting all digital marketing of unhealthy food. User controls will not be effective.
- Ensure public spaces and events are free from unhealthy food marketing, including public transport, public outdoor spaces, education, healthcare, sporting and recreation facilities, cultural institutions and sporting and other events (including sponsorship).
- Introduce time-based restrictions for television, radio, cinema (including online/digital services) from 6am to 9.30pm.
- Prevent processed food companies from targeting children, including through sending or displaying marketing directly to children, using techniques or features that appeal to children (prizes, games, characters etc, including on product packaging), or marketing in places or media that are primarily for children.

We call for a strengthened commitment to improving environments

It is a positive step forward that the Strategy acknowledges system issues, recognising that social, cultural, physical, political and economic factors influence obesity and that there is a major need to improve our environments. However, many of the outlined strategies still focus on personal choice and the wording around commitments to improve environments is weak and vague. These should be strengthened.

An approach that relies too much on individual responsibility risks the continuation of the status quo, where Australia has the sixth highest proportion of overweight and obese people aged over 15 in the OECD[1]

Social determinants of health such as education, income and housing can have considerable impacts on people's opportunities to be healthy and well, including obesity risk. Weight stigma can also exacerbate socio-economic disadvantage through reduced educational, social and employment opportunities. In this context, individual actions can only ever be partially effective and need to be complemented by the evidence-based systemic actions proposed above.

The Strategy needs to include clearer and more tangible descriptions and commitments to improving our environments for everyone's health.

We stress that management of obesity and its co-morbidities is highly complementary to public health efforts to prevent obesity and address its societal determinants.

Greater action is required at all levels of prevention and management to reduce the burdens of obesity and provide equitable access to obesity treatment and support services for people living with overweight and obesity. In the context of prevention and primary health care intervention highlighted in the Strategy, the RACP suggests the following approaches:

- ***Early intervention and access to multidisciplinary paediatric care makes a difference***

[1] Australian Institute of Health and Welfare: *Overweight and obesity, an interactive insight 2020*

While the Strategy recognises the benefits of investing in early intervention and there is an increased government acknowledgement of the importance of the early years, in practice, government funding has not shifted towards greater investment in prevention and early intervention.

Sustained investment in integrated early childhood services that improve access to child and allied health care, early childhood education and social care is needed. Design and delivery of these evidence-based programs should ensure equitable service provision based on the principle of proportionate universalism. This is critical: while the prevalence of childhood obesity appears to have plateaued in the past decade or more, this has not occurred in those experiencing social disadvantage. Existing programs may be relatively ineffective for priority population groups.

Establishment of additional multidisciplinary services, improved training for healthcare professionals and monitoring of the provision of evidence-based care are particularly urgent as a recent audit has demonstrated that despite a small increase in the number of multidisciplinary paediatric weight management services in Australia, current services are inadequate to address the issue of paediatric obesity, especially severe obesity. Services have waitlists of up to 12 months and no multidisciplinary services are available in rural or remote communities.[2]

- ***Access to services in the community and appropriate referral pathways remains a priority***

The Strategy must prioritise person-centric, transdisciplinary, integrated and effective models of care for children and adults living with overweight and obesity. Since no single approach to weight management will work for all, a suite of evidence-based, targeted, stepped-approaches to treat and support people with overweight and obesity must be made available.

Multidisciplinary management interventions led by teams spanning primary care, obstetrics, paediatrics, specialists, nursing, midwifery, nutrition and dietetics, psychology, and others should be designed and funded to work together to support integrated, effective and cost-effective models of care.

Models of care/treatment pathways for people with overweight and obesity must be developed in partnership with consumers to incorporate lived experience of these conditions, including their experience of weight stigma, to ensure that all care is person-centred, appropriate and implementable.

As part of implementing the Strategy, specific MBS items for obesity management should be introduced to incentivise primary health management. These should cover appropriate weight assessment, examination for common complications as well as an item for chronic disease management that can cover both physical and psychological support. Without such supports, the primary health care system will not be able to prioritise disease prevention in the face of acute and chronic treatment.

Specialised referral and management pathways such as these for children and adults with impaired glucose tolerance and type 2 diabetes should also be considered in the planning of the implementation of the Strategy.

Specialist and consultant physicians and paediatricians also practice in community-based ambulatory care and must be included in any service delivery and referral pathway planning that stem from the Strategy. This will enhance continuity of care for both patients and health care providers and deliver outcome improvements for patients and cost-effectiveness gains for the system. Physicians and paediatricians are vital to the care of many health conditions involving primary care – obesity and diabetes are clear example of the need for better integration of primary and specialist care throughout the health system.

- ***Obesity must become integrated core business for the health system***

A whole-of-health approach is the standard for other diseases and health conditions, including mental health and eating disorders; and this approach should also be implemented for obesity. An evidence-based and person-centred framework for obesity prevention, management and treatment will allow healthcare services and healthcare professionals to do fulfil their functions effectively.

[2] McMaster CM, Calleja E, Cohen J, Alexander S, Denney-Wilson E, Baur LA. Current status of multi-disciplinary paediatric weight management services in Australia. J Paediatr Child Health. 2021 Aug;57(8):1259-1266. doi: 10.1111/jpc.15439. Epub 2021 Mar 16. PMID: 33724622.

While it is appropriate to focus the current Strategy on prevention, early intervention and primary care, the forthcoming treatment strategy will need to build on and be aligned with the prevention-focused document, with an implementation plan backed by sustained funding commitments at the centre of any effective approach.

Comprehensively updating the National Clinical Guidelines on obesity management is a critical step to support an integrated approach to obesity across the health system.

- ***Healthcare providers must be supported in positive discussion about weight and prioritising prevention***

Health care providers are currently ill-equipped to prevent and manage obesity, often unable or unwilling to have constructive discussions about weight. A key to overcoming these limitations is to recognise the many complex drivers of obesity such as underlying biological causes that are exacerbated by an obesogenic environment, by social disadvantage, and can accumulate across generations.

While the Strategy references the need to foster positive relationships with food and body image and tackle weight bias and stigma, access to appropriate tools, evidence-based options and referral pathways are equally important.

Need for clear governance, funding, and accountability frameworks

Clear governance, funding, and accountability frameworks will be required to successfully coordinate, manage and oversee system-wide changes across jurisdictions, sectors and government portfolios. There are some good examples of such actions provided in the Strategy, but there is a lack of detail on implementation and evaluation. Notably, there is a lack of commitment to reducing the burden of disease or the health impacts of obesity, including chronic diseases. Tangible and measurable actions, timelines and targets are missing and the commitments for change are weaker compared to other national health strategies.

It is important to recognise that several high-quality national strategies and plans related to obesity have been developed previously that have not been implemented or sustained successfully on a national scale. There is a high risk that piecemeal smaller initiatives will not have scalable, sustainable impact unless actively considered within a broader systems approach and accountability.

There are a range of relevant and much-needed national health strategies that are in development at this point that have not been explicitly lined to this Strategy, key amongst them being the Preventive and Primary Health Strategies. It is unclear how these will be aligned, implemented and funded. Coordinated and sustained action across society is required to achieve their interlinked ambitious goals; they must include actions from governments and the public health and medical establishment but also actively engage local communities, not-for-profits, academia and business.

To drive impact and value for Australian communities, there needs to be a commitment for public and transparent implementation plans. These plans will need commitments and action beyond health portfolios and so will require clear whole-of-government leadership, commitment, investment and coordination. The Strategy should define a clear oversight structure with reporting lines and mechanisms for review of progress.

We call for the inclusion of the necessary missing pieces

Although sustainable development is noted as a guiding principle in the Strategy, it is omitted from the discussion of ambitions, strategies, implementation and monitoring. Despite their clear linkages to Australians' diets, agricultural industries, their sustainability and impact on Australians' health are absent from the Strategy.

The Strategy must align with the National Preventive Health Strategy as far as possible and must represent a position that is at least equal to, or stronger than, the actions, targets, outcomes and funding mechanisms set out in that Strategy. These two important strategies must complement and support each other and work together.

The Strategy and the implementation plan must prioritise those strategies and actions that are supported by the strongest evidence. Interventions recommended by the evidence review must be given priority, with a

focus on systems and environment change to achieve significant change at a population level, as well as actions to address social determinants of health and reduce health inequity.

The Strategy is focused on increasing availability and consumption of healthy food, with limited focus on reducing availability and consumption of unhealthy food. The Strategy must be refocused to give equal or greater priority to reducing availability and consumption of unhealthy food. Both are important and although related, should be distinct goals.

The language throughout the Strategy should be strengthened, including a change from ‘example actions’ to ‘recommended actions’. Many strategies and actions use language that do not indicate an intention or commitment to act, including words such as ‘explore’ or ‘investigate’. This wording should be strengthened to ‘implement’ or similar. This is particularly the case where the strategy or action is already supported by a significant evidence base.

The Strategy does not address the relatively higher prevalence of obesity among people with intellectual disability. It is critical that the Strategy intersects and works to collaborate with the disability sector. For example, NDIS participants should be supported by adequately trained NDIS-funded disability support workers to ensure they consume healthy diets, get health-supporting physical activity and achieve or maintain healthy weight ranges. For instance, compliance with healthy eating guidelines could be made into a quality service measure for disability service providers.

The RACP remains committed to the overall goals of the proposed National Obesity Prevention Strategy. The Strategy should be as strong and specific as possible, bolstered by a detailed and well-resourced action plan to make sure the Strategy has the impact it intends to have on the health and wellbeing of Australians.