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# **Action to prevent obesity and reduce its impact across the life course**

## **RACP Position Statement on Obesity**

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## **Acknowledgements**

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# **RACP Position Statement: Action to prevent obesity and reduce its impact across the life course**

*The evidence supporting this Statement can be found in the **RACP's Evidence Review, Action to Prevent Obesity and Reduce its Impact Across the Life Course.***

## **Obesity as a health crisis**

The prevalence of obesity has increased rapidly in Australia and New Zealand with rates effectively doubling for adults and children between 1980 and 2013. High body mass index is now the leading preventable cause of health loss. The increase in childhood obesity is particularly concerning: children with obesity are more likely to be obese as adults and may experience comorbid symptoms earlier in life.

## **Obesity as a systemic and societal problem**

The underlying macro drivers of obesity are the societal systems (political, commercial, economic, and socio-cultural) which create the obesogenic food and activity environments which in turn interact with people's biological, psychological, social and economic susceptibilities to create unhealthy weight gain. Economic policies are centrally important because they contribute to the marked socioeconomic gradients seen in obesity prevalence.

## **Obesity as a chronic disease**

Obesity, and in particular morbid obesity, is a chronic disease with multiple health consequences for people. Comorbidities associated with obesity can lead to reductions in people's quality of life, and can ultimately be life-limiting. Musculoskeletal conditions, pain and osteoarthritis can make mobility and physical activity difficult, and obesity increases the risks of many non-communicable diseases such as type 2 diabetes mellitus, cardiovascular disease, obstructive sleep apnoea and many types of cancer.

People with obesity may experience mental health conditions such as depression and anxiety; and people prescribed pharmacotherapies for mental health conditions may experience adverse effects, including unwanted weight gain and metabolic disturbances. People with obesity are also at increased risk of exposure to bullying, social stigma and weight bias in education, employment and health care. The management of obesity and its co-morbidities is highly complementary to public health efforts to prevent obesity and address its underlying societal determinants. Greater action is required at all levels to reduce the individual and population burdens of obesity.

## **Addressing obesity**

There are many recommended actions to address obesity, especially childhood obesity, which are informed by evidence, agreed to by experts, endorsed by successive World Health Assemblies, yet largely unimplemented in Australia and New Zealand. Implementation of these policies and actions is the priority. While some opportunities are within the reach of people and their families/whānau, cross-sectoral actions are needed to address the systemic drivers of obesity including reducing poverty and the large income inequalities which underpin obesity, adopting an evidence-based approach to public policy settings (recognising that this may lead to implementing policies that are unpopular with the processed food industry), and supporting communities to reorient their local settings, such as schools and early childhood education centres, towards healthier environments.

There are marked socioeconomic gradients with obesity, independent of ethnicity. Individual, behavioural approaches to obesity do not encompass the upstream socioeconomic determinants, such as food insecurity, where a lack of money and resources hinders families' abilities to have consistent access to a nutritious diet. Revenue generated by the implementation of a sugar-sweetened beverage tax should facilitate access to healthy diets, culturally relevant, community initiatives and improve health equity. Modelling in Australia and New Zealand and evidence from the United States has shown that a tax on sugar-sweetened beverages reduces consumption and improves health outcomes, and is an effective, equitable population health policy. The RACP's Evidence Review **Appendix 1: Rationale for a sugary drinks tax on Australia and New Zealand** provides more detailed information on the evidence to date as well as the benefits and detriments for lower income populations.

## **The role of the health sector**

Physicians, paediatricians, and other health professionals can make important contributions to reducing obesity and its consequences by supporting the following roles:

### **Advocate for action**

The voices of medical and health professionals are essential in creating change for better health outcomes. This includes advocating for strong obesity prevention measures; designing health systems which provide optimum care and support for patients and their families/whānau dealing with obesity and its consequences; and providing leadership in reducing the weight bias which is pervasive in society, including among health professionals.

### **End weight bias and stigmatisation**

Weight bias is highly prevalent in society and people with obesity may experience bias and stigma regularly, including in their interactions with the health system. Weight bias negatively impacts the mental, emotional and social wellbeing of people with obesity, affecting health outcomes and experience of health care. Health care environments should ensure respect and dignity is maintained by providing care that meets the needs of people with obesity. Health professionals should have access to training opportunities to understand and reduce weight bias and to develop the skills needed to have sensitive conversations with patients.

### **Optimise health at any weight**

People with obesity must be supported by health professionals to optimise their health, regardless of their weight. Risk factors such as dyslipidaemia and hypertension, and conditions such as diabetes and sleep apnoea should be managed to enable people to achieve their optimal level of health. Patient advice, education and support should be specific, actionable and achievable and further unhealthy weight gain should be avoided.

### **Balance the potential benefits and risks of weight loss**

The evidence clearly shows the health benefits of even modest weight loss but it also shows that such weight loss is rarely sustained and may come with negative consequences such as a reinforced sense of failure and metabolic re-setting towards promoting weight gain. Advising and supporting people to

lose weight demands a careful assessment of the benefits and risks, especially among people who have tried and failed at weight loss in the past.

### **Enable equitable access to bariatric surgery**

People with chronic severe obesity who have not succeeded in maintaining weight loss may benefit from bariatric surgery and should be referred. Bariatric surgery is an effective, though expensive, intervention for the treatment of severe obesity. Patients who meet the criteria should be referred for assessment. Greater access and more equitable access to bariatric surgery is needed in Australia and New Zealand within the publicly-funded health system.

## **Co-design interventions with priority populations**

Obesity and non-communicable diseases disproportionately affect Māori, Aboriginal and Torres Strait Islander populations in New Zealand and Australia. The poorer health outcomes experienced by Indigenous populations are strongly associated with the conditions under which people are born, grow, live, work and age (i.e. social, economic, political, cultural and physical circumstances), compounded by the effects of colonisation.

The focus on the individual/mainstream model of health and disease is a likely contributor to the persistent health gap between Indigenous and non-Indigenous Australians and New Zealanders. Approaches which incorporate Indigenous collective world views and are co-designed with the community have a greater likelihood of engagement and success.

Pasifika populations have the highest prevalence of obesity and its co-morbidities in New Zealand. There is a need for greater collaboration between government, academia and Pasifika communities to design, implement, evaluate and report on obesity, nutrition and physical activity interventions. Growing the evidence base and identifying effective co-designed initiatives are needed to improve health outcomes.

Improving the physical health outcomes of people living with mental health conditions may have positive impacts on health-related quality of life. Rates of early mortality and medical co-morbidity are higher for people living with mental health conditions compared to the general population. People living with mental health conditions should be supported by health practitioners to optimise their physical and mental health and wellbeing.

## **Summary and recommendations**

Obesity, and particularly morbid obesity is a disease contributing to adverse physical and mental health outcomes and wellbeing across the life course. Priority prevention strategies include the introduction of a tax on sugar-sweetened beverages, mandatory front-of-pack labelling and regulatory restrictions on marketing unhealthy foods and beverages to children. Treatment services should primarily focus on helping people with obesity to achieve optimal health at any weight. This will involve health professionals taking active steps to reduce weight bias and carefully balancing the benefits and risks of

weight loss programs, acknowledging the health benefits of even modest weight loss on one hand with the evidence on the other hand that sustained weight loss is uncommon and failed weight loss attempts have negative psychological and physiological effects. Health systems also need to improve equitable access to healthcare services, including bariatric surgery. More co-created and well-evaluated community-level interventions with priority populations are needed to tailor actions for different communities.

The underlying commercial, economic and environmental conditions which are driving the obesity epidemic can be mitigated by collective efforts of governments, civil society and industry. Improved governance and policy-making processes, including attention to managing conflicts of interest and strengthening Health in All Policies approaches, will be essential to reducing obesity and its related inequalities.

## **RACP recommendations to implement obesity prevention policies and address the societal determinants of health**

### **The RACP recommends governments in Australia and New Zealand:**

- Introduce regulations to restrict the marketing of unhealthy diets to children and young people
- Implement 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
- Revise the Health Star Rating system’s nutrient profiling algorithm to give stronger weight to sugar content, and by 2019 require that the labelling be mandatory to encourage consumers to choose healthier options and motivate food manufacturers to reformulate and develop healthier products
- Set targets for reducing mean population intakes of nutrients associated with unhealthy diets based on World Health Organization recommendations
- Introduce a health and wellbeing principle as part of local government decision-making when considering land use planning and zoning permissions
- Implement consistent healthy food and drink service policies which promote and enable healthy diets
- Implement a health-in-all-policies approach across government, including transportation and urban planning design, prioritising active transport and active recreation solutions

### **The RACP will:**

- Seek the support of other Colleges and medical organisations for the RACP position statement

- In concert with other organisations, advocate for for the above policies and for meaningful action to address the societal determinants of obesity and health more broadly in New Zealand and Australia at government, society and community levels

## **RACP recommendations for health system actions to address obesity**

### **The RACP recommends governments in Australia and New Zealand:**

- Embed a consistent national growth standard for child development based on the World Health Organization standards
- Actively promote national dietary and activity guidelines
- Provide equitable access to bariatric surgery in public hospitals for all suitable patients who have severe obesity
- Promote monitoring weight as a vital sign to prevent age-related weight gain

### **The RACP recommends the Federal Government of Australia:**

- Develop, support, update and monitor comprehensive and consistent diet, physical activity and weight management guidelines for children, with a focus on critical periods in the life course (pre-conception, antenatal, infancy and early childhood)
- Revise clinical guidelines for weight management of adults to incorporate:
  - The evidence on the low likelihood of long-term efficacy and potential detrimental effects for repeated attempts at weight loss
  - An emphasis on the importance of optimising health and managing treatable risk factors at any weight
  - The need to ensure the physical environment meets the needs of people with obesity and minimise the direct and indirect impacts of weight bias in the health system

### **The RACP recommends the government of New Zealand:**

- Review the existing Childhood Obesity Plan with the intention to expand the Plan to include the WHO-recommended, effective interventions to reduce childhood obesity
- Supports, promotes, regularly updates and monitors the nutrition, weight management and physical activity guidelines for children, young people and adults

### **The RACP will:**

- Encourage RACP members to support individual and family/whānau to optimise their health irrespective of weight through improved nutrition and physical activity, and ensure patient education is specific, actionable and achievable
- Advocate for: consistent, WHO standards for defining childhood obesity; greater promotion of nutrition and physical activity guidelines; revised management guidelines to take a more

balanced approach to recommending weight loss for people with obesity; the inclusion of weight as a vital sign and; greater public access for bariatric surgery

## **RACP recommendations to address obesity within priority populations**

### **The RACP recommends governments in Australia and New Zealand:**

- Implement regionally appropriate actions to support and empower priority populations in New Zealand and Australia to address obesity at individual, family/whānau and community levels. These actions need to be designed, implemented and evaluated collaboratively with communities and their leadership to ensure they are culturally centred and meet community needs.

### **The RACP will:**

- Support where possible, community actions with and for priority populations

Access the RACP's Evidence Review that supports this position statement via this QR Code:





