



AMA Victoria's submission to Victoria's Citizens' Jury on Obesity

6 August 2015

The Australian Medical Association (Victoria)

AMA Victoria welcomes the opportunity to provide input into Victoria's Citizens' Jury on Obesity.

Our submission responds to the overarching question: "what do you believe needs to be done about this issue?"

The issue

Management of obesity in Australia is a national and economic priority. Obesity and overweight¹ are widely prevalent in the Australian population, and this prevalence is quickly increasing.

Obesity substantially contributes to preventable, non-communicable diseases, shortened life-expectancy and impaired quality of life.² Obesity is a major risk factor for chronic conditions such as type 2 diabetes, heart disease, hypertension, stroke, musculoskeletal disorders and impaired behavioural and social interactions.

Combating obesity demands a whole-of-society approach, requiring the participation of governments, non-government organisations, the health and food industries, the media, employers, schools and community organisations.

AMA Victoria makes 15 recommendations in this submission; these are all important, the numbering does not denote hierarchy.

Recommendations

1. A whole of society response to obesity should be strategic and coordinated at a national level by the Federal Government, which must commit to specific national goals for reducing obesity and its health effects in Australia.

Australia must be strategic in its approach to obesity and adopt targets to reduce the levels of obesity in the community. The Federal Government can play a special role in coordinating and supporting the efforts of other governments, local communities, businesses, health professionals and individuals in achieving this goal.

2. Governments at all levels should employ a full range of policy and regulations to modify the behaviours and social practices that promote and sustain obesity.

Governments are unique in their capacity to influence and regulate people's behaviour on a large scale. The full range of government instruments, such as taxation, financial penalties and incentives, subsidies and market interventions, policy and legislation should apply to make it easier for people to make healthier choices.³

3. There must be a major focus on preventing obesity.

Prevention and early intervention should start with the pregnant mother and foetus, and continue throughout infancy and childhood.

There is evidence that obesity and excess weight in childhood and adolescence is a strong predictor of obesity or health problems in adulthood. Foetal development and dispositions toward obesity may also be affected by the weight of the mother during

¹ The WHO defines 'overweight' as a BMI (weight in kilos divided by the square of the height in metres) equal to or more than 25, and 'obesity' as a BMI equal to or more than 30. There is no standard definition of childhood obesity.

² Projections based on current data also indicate that current rates of adolescent overweight will significantly increase future rates of coronary heart disease among young and middle-aged adults. See, Bibbins-Domingo, K., 2007, "Adolescent overweight and future adult coronary heart disease", *New England Journal of Medicine* Vol. 357, No. 23, pp. 2371-79.

³ "Inquiry into Obesity and Type 2 Diabetes in New Zealand" Report of the House of Representatives Health Committee, August 2007; "Curbing the obesity epidemic", Editorial, *The Lancet*, 2006, Vol. 367, p. 1549.

pregnancy.⁴ Interventions to prevent weight gain during pregnancy (including physical and nutritional programs) are effective for some women.⁵ There is a role for the medical profession in providing counselling to pregnant women on the importance of healthy weight, before, during and after pregnancy.⁶

Physical Activity Measures

4. A goal of town planning should be the creation of healthy cities and neighbourhoods.

Planning regulations governing housing, urban development and transport infrastructure should mandate the incorporation of measures to promote and facilitate physical activity.

5. Governments (federal, state and local) must do more to support and promote physical activity, and to provide opportunities and resources that enable all members of the community to exercise regularly.

Greater Shepparton City Council's "Get Mooving" initiative is a good example of this. The Council was successful in securing a grant under the Federal Government's Healthy Communities Initiative to deliver a range of free and low cost community-based physical activities and healthy eating programs, as well as developing a range of policies that support healthy lifestyle behaviours.⁷

6. Physical education should be on every school's curriculum, up to VCE.

Nutritional measures

7. Educate and upskill parents on healthy food choices

It is essential to educate and upskill parents on healthy food choices, as this will enable them to run healthy households and pass the right information onto their children. This knowledge on 'what is healthy' and 'what should be consumed' will assist parents in leading by example.

8. The AMA reaffirms its position that all Australian mothers should be encouraged and supported to solely breastfeed their babies for the first six months of life (unless there are medical contraindications).

9. Nutritional education should be on every school's curriculum, up to VCE.

This will enable children and adolescents to have a greater capacity for nutritional literacy and for making healthy choices later in life. Evidence shows that school nutrition programs and policies can have a positive impact on children's dietary behaviour and weight.⁸

10. The marketing and promotion of energy-dense/nutrient poor food to children should be prohibited; advertisers in breach of this should be heavily penalised.

⁴ Callaway, L., et. al., 2006. "The prevalence and impact of overweight and obesity in an Australian obstetrics population", *MJA*, 184. 2. Pp. 56-59.

⁵ Brown, et. al. 2007. Op. cit.

⁶ Walsh, J.M., and Murphy, D.J., 2007, "Weight and pregnancy", *British Medical Journal*, 335, 169.

⁷ For more information, see Get Mooving Greater Shepparton.

<http://www.getmoovinggreatersepparton.com.au/>

⁸ See, for example, Brown, 2007, op. cit., Mulvill, C., 2003, and commentary on the EPODE community initiatives in Westley, H., 2007, "Thin Living", *British Medical Journal*, Vol. 335, December 15, pp. 1236-7.

Food marketing to children occurs through a number of media (e.g. television, internet/social media, food packaging, product placement in films etc.) and it is typically for highly processed, energy dense foods. There is considerable evidence that this marketing effects children's consumption and diet-related behaviour.⁹

11. A simple and uniform 'front of pack' system of nutritional labelling for packaged food should be mandated and supported by an ongoing public education campaign.

The nutritional labelling of packaged food will enable consumers, from all socio-economic and cultural backgrounds, to easily recognise and compare food items in terms of their nutritional content (such as salt and sugar volumes) and their effects on weight and health.

12. Significantly higher taxes (and therefore higher prices) should apply to products known to significantly contribute to obesity, especially in children (for example, sugary soft drinks). Foods known to be healthy, such as fruit and vegetables, should be subsidised to ensure their prices become and remain very low, particularly in remote areas.

Targeted Interventions

13. Specific measures should be prioritised to high-risk or vulnerable groups, especially Aboriginal and Torres Strait Islander peoples, rural Australians and those from lower socio-economic groups.

There is substantial evidence showing an association between risk factors for excess weight and socio-economic and educational status. Priority groups for whom interventions may need to be tailored or targeted include the Aboriginal and Torres Strait Islander peoples, rural Australians, those from lower income groups, the elderly, those from culturally and linguistically diverse backgrounds, and those with certain disabilities.

Research shows that if you live in rural Australia you may be twice as likely to smoke and up to two and half times more likely to be obese.¹⁰ Good health measures must not be confined to major metropolitan areas. AMA Victoria recommends the State Government funds a healthy lifestyle advertising campaign, which would promote healthy choices in Victoria's rural and regional areas.

Treatment and Management

14. Medical professionals have a particular role to play in prevention and early intervention. Resources need to be extended so doctors can spend time with patients who are at risk of being overweight. Doctors must also have ready access to up to date information on interventions, counselling and local facilities.

Doctors need to spend time with their patients to address lifestyle changes. This is the most important aspect of behavioural change. To facilitate these consultations, there must be appropriate Medicare item numbers. In the long term, this change alone will save governments untold millions in surgery, hospital admissions and medications related to obesity and its related conditions.

While there is no overall consensus, many doctors and health academics consider obesity to be a chronic disease. In 2009, the federal parliamentary committee's Inquiry into

⁹ WHO, 2006. *The extent, nature and effects of fast-food promotion to children: a review of the evidence*. WHO Technical paper. 2006.

¹⁰ National Health Performance Authority, *Overweight and obesity rates across Australia, 2011-12*.



Obesity recommended labelling obesity a chronic disease and support GPs to provide individual management plans.¹¹ This needs to be researched and analysed further.

15. The AMA considers that bariatric surgery is an effective measure for long-term reductions in weight and improved health outcomes, primarily for obese adults, and in exceptional cases for obese adolescents, with significant co-morbidities and for whom all other measures have not been successful.

Greater funding should be devoted by State and Federal Governments to research and resource improvements to bariatric procedures and training.¹²

For more information, please see the AMA's 2009 position paper on obesity <https://ama.com.au/position-statement/obesity-2009>

¹¹ "Inquiry into Obesity in Australia", Report of the House of Representatives Standing Committee on Health, June 2009.

¹² See, for example, O'Brien, B, et. al., 2008, "Adjustable gastric banding and conventional therapy for type 2 diabetes", *MJA*, 299, 3; O'Brien, B, et. al. 2005, "Obesity, weight loss and bariatric surgery", *MJA* 183, 6, 2005; Maggard, et. al. "Meta-analysis: surgical treatment of obesity", *Annals of Internal Medicine*, 142, 2005; Clegg., AJ., et. al.2002, "The clinical effectiveness of surgery for people with morbid obesity", Health Technology Assessment, NHS.