

## Investment to reduce the burden of obesity in Australia

### Key points:

- We need to address the health and wellbeing challenges from obesity, else we face spiralling health, social and economic costs.
- There are currently no official clinical guidelines or framework for healthcare professionals on how to assess, help and manage people with obesity. Many clinicians are not initiating conversations with patients, nor providing detailed, person-centred guidance.
- There is strong support from top peak health bodies for new guidelines, as outlined in [our recent call for action statement](#), including organisations such as the Royal Australasian College of Physicians, Royal Australian College of General Practitioners, The Australian Prevention Partnership Centre, Australian Nursing & Midwifery Federation and the Australian Diabetes Society.
- No single approach to weight management will work for everyone. A suite of evidence-informed, stepped care approach options is needed.
- This will require working with a range of expertise areas and organisations to develop the guidelines, if we are to have a successful roll out that adds value to the community.
- The Obesity Collective could manage and coordinate the development of new living guidelines, implementation tools, resources and training and an accompanying anti-stigma campaign.
- An evidence-informed approach to supporting people with obesity will help improve people's health and quality of life, reduce harmful stigma, and decrease wasteful investments in ineffective approaches.

### The Issue: Obesity is A Major Barrier to A Healthy Australia

Between 2007-08 and 2017-18, the number of people living with obesity has more than doubled, from 2.7 million in to 5.8 million people. It has become one of Australia's important equity challenges and most expensive preventable national health problems. Overweight and obesity is a driver for 22 high-cost diseases including diabetes, musculoskeletal conditions, cardiovascular disease, kidney disease, asthma, dementia and various cancers. For example, it was estimated that 4,000 cancer cases each year are caused by overweight and obesity. It was also estimated that 7% of the total health burden in Australia in 2011 was due to overweight and obesity.

COVID-19 is amplifying the impacts of obesity. People with obesity are at greater risk of more severe illness from COVID-19 and the restrictions and economic impacts have made it more difficult for people to seek treatment and to manage their health and their weight.

Weight stigma is one of the unknown drivers of obesity and psychological harm. Stigma arises from misunderstanding the drivers of obesity and assuming it is only about personal choice. It is not just a lifestyle choice – there are also many strong social, biological, and environmental drivers that affect people. Weight stigma and bias causes harm:

- can lead to considerable physical and mental health consequences, including increased depression and anxiety, disordered eating, and decreased self-esteem
- contribute to the challenge of obesity, as stigma can lead to unhealthy eating practices, avoidance of physical activity, as well as healthcare avoidance
- lead to absent or lower quality of care for patients with obesity, ultimately leading to poorer health outcomes and increasing risk of chronic conditions, morbidity, and mortality
- translate into inequities in employment settings, health care services, and educational attainment

## **ASK: Invest in updating the Clinical Practice Guidelines for the Management of Overweight and Obesity in Australia**

Obesity is a chronic, relapsing condition; as body fat increases, it is more and more difficult for people to revert to healthy weight without support. It is critical to prevent and slow the progression of obesity where possible, and to provide support and treatment options for those who are living with obesity.

There are currently no official clinical guidelines or framework for healthcare professionals on how to assess, help and manage people with obesity. The most recent national guidelines (NHMRC) were rescinded in 2018 after the standard five-year timeframe and there appear to be no plans to commission/issue new guidelines. This is a particularly important time to make a national investment in evidence based clinical guidelines for obesity management as a health priority:

- **The issue of obesity is an ongoing challenge for clinicians and health consumers.** Many clinicians are not initiating conversations with people or not providing more detailed, person centred guidance options. We need better health pathways and tools to support clinicians and health consumers with these conversations.
- **Equity is a major issue** with obesity rates being higher in communities with relative socio-economic disadvantage, lower levels of education attainment, regional and remote areas, as well as Indigenous Australians. New guidelines will have to be designed to better support all Australians, including non-metro areas and working families with limited resources.
- **There is high demand for services** to manage weight and improve health. Without guidelines there is more opportunity for misinformation, confusion and promulgation of fad diets which can be dangerous.
- **The evidence around obesity management and health improvement approaches has progressed considerably** since the last guidelines were developed. This evidence needs to be synthesised and made accessible for healthcare professionals and the public. Technology (e.g. telehealth and apps) enabled options have also improved, are being used more frequently and have implications for new guidelines. We cannot expect individuals and communities to start to address the challenge without guidance on the best evidence, standards, and options for people with obesity.
- **Stigma is a major barrier to people accessing appropriate and needed care.** Weight stigma needs to be addressed in society, within the health system and in new guidelines. Weight stigma is harmful, unjust and contributes to the challenge, as stigma can lead to inequitable access to healthcare services, unhealthy eating, and avoidance of physical activity.

There is strong support from top peak health bodies for new guidelines, as outlined in [our recent call for action statement](#).

### **Potential approach: Commissions the Obesity Collective to coordinate the updated guidelines and help drive implementation**

The Obesity Collective, as an umbrella organisation that represents the key expertise areas, could manage and coordinate the development of new living guidelines, implementation tools, resources and training and an accompanying anti-stigma campaign.

No single approach to weight management will work for everyone so we will need to work with a range of expertise areas to develop the guidelines and to have a successful roll out. A suite of evidence-informed, stepped care approach options is needed for the updated clinical guidelines. Relevant disciplines (e.g. primary care, medicine, nursing, midwifery, nutrition and dietetics, psychology, exercise science, surgery, obstetrics, paediatrics, health economics) could work together to support transdisciplinary, integrated and cost-effective models of care and aligned messaging. People with lived experience of obesity must be included in developing models of care to ensure that these are person-centred, appropriate and implementable. We have experience in bringing together diverse views and groups to find alignment and practical solutions, often using codesign steps to achieve this.

We can build on progress from international groups to develop the guidelines efficiently. In 2020, Obesity Canada released new Adult Obesity Clinical Practice Guidelines which were celebrated internationally as a step in the right direction. The guidelines included a holistic approach and were specifically designed to be person-centred and accessible. New Australian guidelines could build on the extensive work and lessons learned from the Canadian process and we have a good relationship with Obesity Canada and the team that developed the guidelines to support this collaboration.

We have [initiated research](#) and a [successful pilot approach](#) to start to take on harmful weight stigma.

#### **Budget, success measures and benefits:**

We have estimated that an investment of \$3m over 2-3 years would support the Obesity Collective to:

- Efficiently develop new living guidelines for overweight and obesity, building on lessons from the recent Diabetes Living Guidelines and the new Canadian guidelines
- Work with clinicians and people with lived experience to develop a robust implementation plan with tools, resources, and training to be available and rolled out nationally, including considerations for non-metro communities. Information should be accessible so that the community can understand and engage with the guidelines
- Design a campaign to accompany the roll out of the new guidelines that helps to reduce weight stigma and bias in healthcare, building on our work to date

Our goal is to lead a project efficiently and pragmatically, not starting from scratch and with the goal to develop guidelines and tools that support clinicians and the community to have more valuable conversations and solutions for the challenge of obesity.

Potential success measures for the project could include:

- Successful participation of the appropriate clinical and lived experience expertise areas in codesign and implementation
- Uptake of resources provided and feedback (e.g. living guidelines website hits, training participation, feedback on tools and resources)
- Qualitative and quantitative results from the stigma campaign

An evidence-based approach to supporting people with obesity will help improve people's health and quality of life, reduce harmful stigma, and decrease wasteful investments in ineffective approaches.

#### **The Obesity Collective:**

Over the past three years we have built the Obesity Collective – the first comprehensive national collective of experts, corporate and community leaders and people with lived experience of obesity (<http://www.obesityaustralia.org>). The Obesity Collective is a national umbrella coalition with a vision to reduce the impact of obesity in Australia through a strong, cooperative network and evidence-based decisions. Recently Obesity Australia and the work of the Collective were recognised as one of the 21 preventive health groups to receive funding as part of the Health Peak and Advisory Bodies Program.

For this we strive to:

- recruit, consult and engage a broad and representative membership
- provide information and education through presentations, events, media and social media for members, the wider community, policy makers and the health sector
- develop evidence based and balanced reports, statements, and resources for the health sector, governments, and other key decision makers
- connect our members and share insights
- lead core projects to help all stakeholders to better understand the evidence and opportunities to work together to improve policies, plans and actions



This builds capacity to address obesity by improving collaboration and cross-sectoral linkages and helps ensure the Government has access to high quality, cohesive and collated information about obesity from across sectors. Our governance and leadership include 50 prevention, treatment, and community experts from a range of backgrounds, across the country.

The Obesity Collective has over 500 members from across the country and in each state and territory. We have members from over 150 different organisations, with examples including professional colleges like RACGP and RACP, community and consumer groups, indigenous organisations, the Australian and State Health Departments, treatment companies, large corporates, academic institutions, preventive health and clinical experts, other social services and committed individuals.