OBESITY COLLECTIVE RESPONSE (AUG 2023):

Parliamentary Committee Inquiry into Diabetes

Introduction

This statement was developed in response to The House of Representatives Standing Committee on Health, Aged Care and Sport inquiring into Diabetes, with a focus on the Terms of Reference points 4 and 5. The below points summarise our key messages for the submission:

The need for urgent action to reduce health and wellbeing impacts from obesity and type 2 diabetes

- The benefits of action to reduce risk and health impacts from obesity in Australia are clear for the community, health system and economy.
- We must implement the National Obesity Strategy with a suite of policies/interventions across prevention, treatment/management, and stigma.
- It is critical to invest in prevention and healthy environments for all Australians (not just those at risk of obesity and diabetes). Most Australians are not meeting standards for healthy eating or physical activity.
- Small one-off initiatives won't suffice. Australia needs coordinated and sustained action, supported by Government leadership.

Action should be based on the evidence, and requires a suite of interventions

- An oversimplification of obesity to focus just on personal responsibility, has led to lack of action, ineffective action, and harmful stigma over the years.
- As highlighted in the National Obesity Strategy, 'the root causes of overweight and obesity are complex and deeply embedded in the way we live. It is not simply a lack of self-control.'
- A suite of prevention, treatment and stigma interventions could shift the dial in Australia. Like with other health conditions, a range of interventions are needed to improve health and reduce risks of further disease. Our submission outlines evidence-based intervention options.

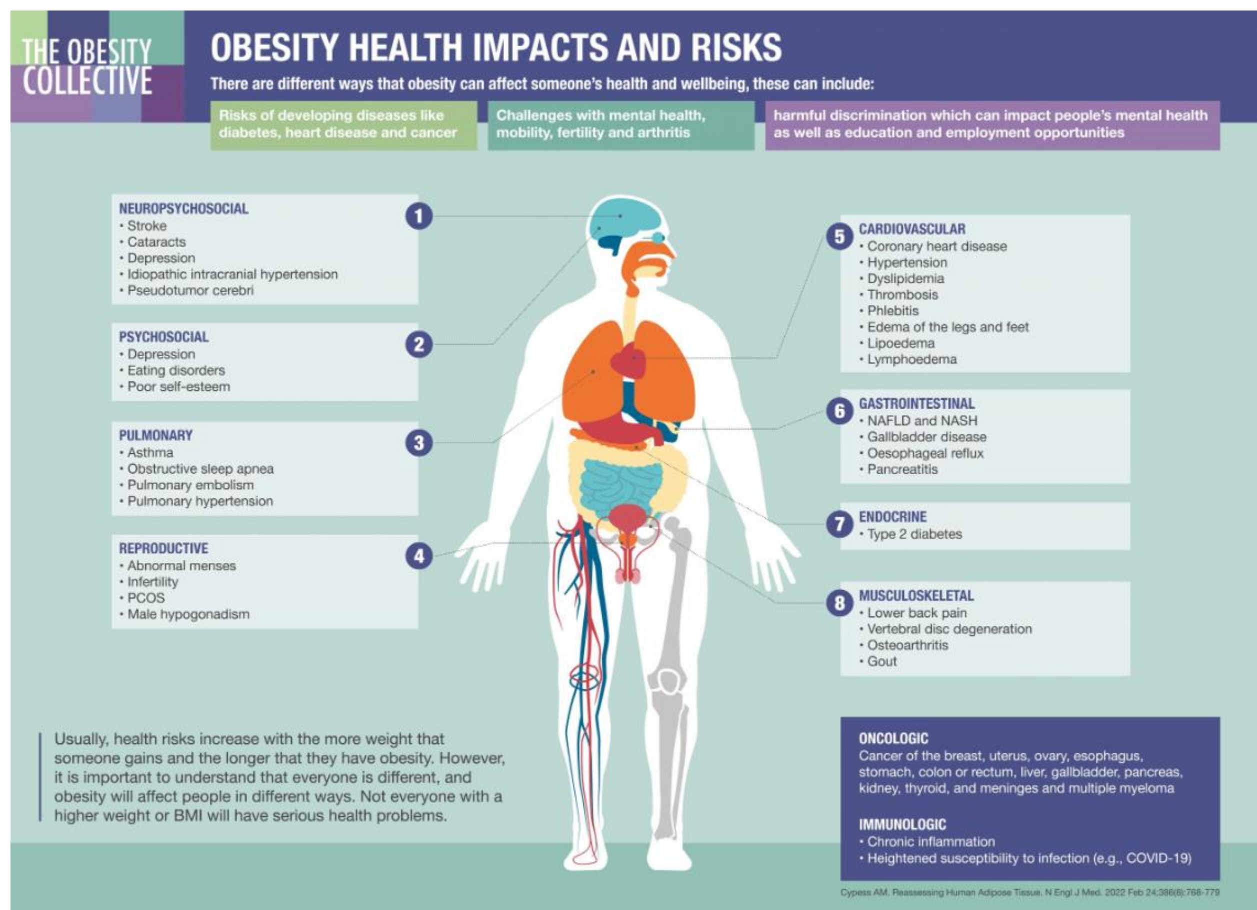
We are not starting from scratch

- Over the last ten years there have been several relevant inquiries and strategies which outline the evidence and opportunities for action. We are lacking action on strategies.
- The continuous cycle of inquiries and strategies every few years requires huge resources from Government teams and the NGO communities of lived experience, experts, clinicians, civil society groups and community leaders.
- Strategies and inquiries without action is keeping people busy with limited community benefit.
- We are hopeful that this Inquiry will lead to tangible change that will be communicated, including clear implementation objectives and transparency around action and impact.

Urgent Action for Health and Wellbeing:

Obesity is a chronic relapsing condition where extra body fat affects a person's health. Just like other health conditions, obesity is not a personal judgment or a reflection of someone's character. The condition of obesity is one of the most important barriers to health and wellbeing in Australia, through related health impacts and also through harmful stigma. It can have serious impacts on people's quality of life, and both their physical and mental health. There is a clear link between obesity and type 2 diabetes (T2D):

- The increase in T2D prevalence globally is likely a result of the increase in obesity prevalence, because obesity influences both insulin action and β cell function.[1]
- Obesity is associated with an 8-fold increased risk of T2D, regardless of genetic risk and lifestyle behaviours.[2]
- Childhood obesity quadruples the risk of T2D.[3]



1 https://www.cell.com/cell-metabolism/fulltext/S1550-4131(21)00631-8?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1550413121006318%3Fshowall%3Dtrue
2 https://link.springer.com/article/10.1007/s00125-020-05140-5
3 https://academic.oup.com/jes/article/1/5/524/3754347

Obesity is also a driver of musculoskeletal conditions (e.g. osteoarthritis and back pain), cardiovascular disease, kidney disease, asthma, dementia and various cancers.[4] Obesity is a risk factor and chronic condition, and should be considered in conjunction with diabetes, but also requires distinct consideration and resources to address. A Lancet Commission is currently defining diagnostic criteria (beyond BMI) for clinical obesity with a working group supported by a number of our Collective leaders.

It is estimated that 31.3% of the adult population in Australia are living with obesity. In the ten years to 2017-18, the number of adults living with obesity more than doubled, with fastest growth in rates of severe obesity.[5] Clinically severe obesity is associated with higher health risks, mental health challenges (from stigma), mortality and health system costs.[6]

The number of children living with obesity increased by 60% between 2011-12 and 2017-18. The prevalence of obesity amongst children means that people will live with obesity for a greater portion of their life. Research shows that health and mortality risks increase with the number of years someone is living with obesity.[7] Children experiencing obesity are five times more likely to also experience obesity as adults.[8] Overweight and obesity in childhood is linked to poor mental and social health outcomes, as well as complications and chronic conditions. These include Type 2 diabetes, asthma, sleep apnea, orthopedic and gastrointestinal problems, and non-alcoholic fatty liver disease which previously were conditions mostly found in older adults.[9]

New ABS obesity prevalence estimates are planned to be released later this year. Many experts believe that the impacts of COVID-19 would have increased the prevalence and severity of obesity since the last reported rates from 2017-18.

The benefits of action to reduce risk and health impacts from obesity in Australia are clear for the community, health system and economy. An oversimplification of the health issue to focus just on personal responsibility has led to lack of action, ineffective action, and harmful stigma over the years.

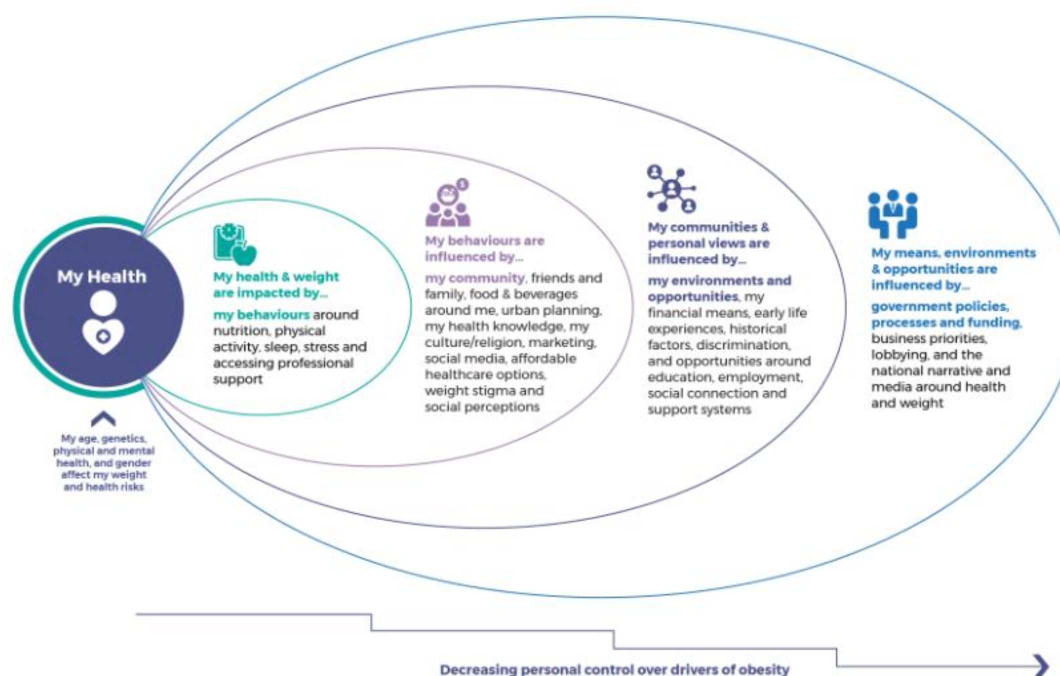
Australia needs coordinated and sustained action across society, including local communities, businesses, non-profit organisations, media, health care, research, and governments. A range of actions are needed from the personal level to the community and systems levels. Obesity is a complex topic for policy development which requires a range of experts and systems thinking, similar to other complex challenges like climate change and mental health. **Government policies and programs are essential to provide leadership, funding, implementation, and coordination to enable action by a range of sectors and community leaders.**

---

4 Australian Institute of Health and Welfare. (2017) Impact of overweight and obesity as a risk factor for chronic conditions. Canberra, Australia: AIHW. https://www.aihw.gov.au/getmedia/f8618e51-c1c4-4dfb-85e0- 54ea19500c91/20700.pdf.aspx?inline=true
5 Australian Bureau of Statistics. (2018). National Health Survey: First Results, 2017-2018. Canberra, Australia: ABS. http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001
6 Kitahara, C.M., Flint, A.J., Berrington de Gonzalez, A., Bernstein, L., Brotzman, M., MacInnis, R.J., et al. (2014). Association between Class III Obesity (BMI of 40–59 kg/m2) and Mortality: A Pooled Analysis of 20 Prospective Studies. PLoS Med 11(7): e1001673
7 Abdullah, A., Wolfe, R., Stoelwinder, J.U., de Courten, M., Stevenson, C., Walls, H.L., and Peeters, A. (2011). The number of years lived with obesity and the risk of all-cause and cause-specific mortality. International Journal Epidemiology. 40(4): 985-996.
8 Simmonds, M., Llewellyn, A., Owen, C.G., and Woolacott, N. (2016). Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. Obesity Reviews. 17, 95–107. https://onlinelibrary.wiley.com/doi/pdf/10.1111/obr.12334
9 Centres for Disease Control and Prevention, Childhood Obesity Causes & Consequences. https://www.cdc.gov/obesity/childhood/causes.html

Many drivers affect weight and health

As highlighted in the National Obesity Strategy, 'the root causes of overweight and obesity are complex and deeply embedded in the way we live. It is not simply a lack of self-control.'



The causes and effects of obesity are systemic, varied and go far beyond just individual responsibility.

The rise in obesity prevalence over the last 30 years is mostly a biological response (mainly determined by genetic predisposition) to modern environments that promote unhealthier foods, stress, physical inactivity, and weight gain.

Social disadvantage and social determinants such as education, income and housing can have considerable impacts on people's opportunities to be healthy and well in general, including obesity risk. There is also emerging evidence that other considerations such as sleep, stress, and chemicals in the environment are related to obesity.[10]

This is not just a challenge for people at risk of obesity and/or diabetes. Actions is needed for the health and wellbeing of all Australians.

- The majority (2 out of 3) of adults are above a healthy weight.[11]
- It is estimated that 90% of adults are not eating the recommended daily servings of vegetables and are consuming a high proportion (~30%) of daily energy intake from discretionary foods.[12]

---

10. https://www.phrp.com.au/issues/october-2022-volume-32-issue-3/the-science-and-reality-of-obesity/
11 https://www.aihw.gov.au/reports-data/behaviours-risk-factors/overweight-obesity/overview
12 https://www.aihw.gov.au/reports/food-nutrition/poor-diet/contents/poor-diet-in-adults

- The majority of children (88% of those aged 5-12) and adolescents (98% of those aged 13-17) are not meeting the physical activity and sedentary behaviour guidelines and over half of adults did not participate in sufficient physical activity.[13]

It is critical to invest in prevention and healthy environments for all Australians (not just those at risk of obesity and diabetes) and to invest in support, treatment, and care to help those who are living with obesity.

Collectively we need to focus on the following to reduce health and wellbeing impacts from obesity and T2D:

- Create healthier environments to support the health and wellbeing of all Australians and reduce the influence of environmental drivers of obesity
- Recognise the influence of the social determinants of health. Improve equity and social opportunities across society.
- Improve access to equitable and patient centred healthcare for management of obesity and T2D
- Change the narrative around obesity to improve understanding of the science and reduce stigma
- Enable healthier individual behaviours through evidence-based approaches and judgement free support (healthy eating, physical activity, stress, sleep)

The above actions also have clear co-benefits related to chronic disease prevention, mental health, productivity, and sustainability.

Action to provide more focus on personal responsibility (without evidence-based support) will be ineffective and inefficient. There are hundreds of lifestyle guides and websites available. Public sources of information about food and exercise for weight loss are numerous and conflicting, with some based on very limited evidence.[14] The issue isn't that people don't want to try. A 2021 Australia Talks survey with over 18,000 responses found that 60% of Australians are currently trying to lose weight.[15]

Further resources:

- **The Obesity Evidence Hub** to find more evidence on prevention, treatment, and health impacts of obesity.
- The lived experience perspective is important to understand – **the Weight Issues Network**
- **A better understanding of the science and reality of obesity is urgently needed**
- **Socio economic factors are important drivers of obesity risk**

---

13 https://www.aihw.gov.au/reports/risk-factors/insufficient-physical-activity
14 Neale, E. P., & Tapsell, L. C. (2019). Perspective: The evidence-based framework in nutrition and dietetics: Implementation, challenges, and future directions. Advances in Nutrition, 10(1), 1-8.; Mann, J., Te Morenga, L., McLean, R., Swinburn, B., Mhurchu, C. N., Jackson, R., . . . Beaglehole, R. (2016). Dietary guidelines on trial: The charges are not evidence based. The Lancet, 388(10047), 851-853.; Khawandanah, J., & Tewfik, I. (2016a). Fad diets: Lifestyle promises and health challenges. Journal of Food Research, 5(6), 80.
15 https://www.abc.net.au/news/2021-06-08/australia-talks-national-survey-60pc-trying-to-lose-weight/100156328

Action across prevention, treatment and stigma needed

The societal and systems challenge is complex but can and must be addressed. It requires clear leadership from governments, community engagement, reducing stigma and raising awareness of the many complex drivers of obesity.

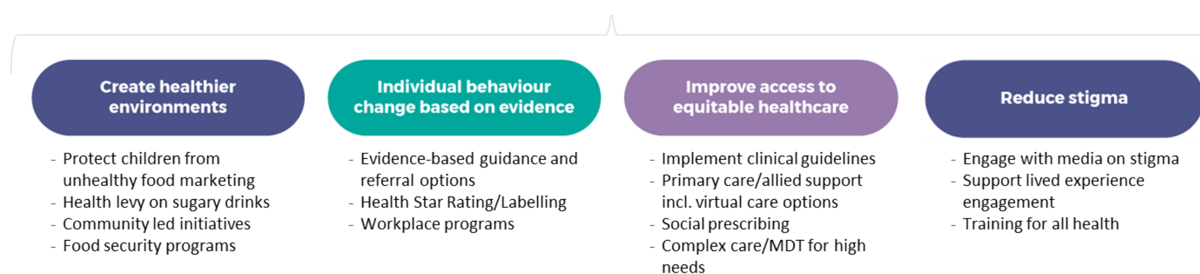
There is an opportunity to help catalyse collective action nationally, building on the work to date and to support implementation of the National Obesity Strategy. A suite of prevention, treatment and stigma interventions could shift the dial in Australia. Actions to prevent and treat obesity have also been shown to be highly cost-effective.[16]

Like with other health conditions, a range of interventions are needed to improve health and reduce risks of further disease. Small one-off initiatives won't suffice.

Health improvements are possible for everyone at risk, with the right support. Waiting until people have a 'recognised' chronic disease, or more severe health condition, to support them is causing harm to individuals and is an inefficient approach to limited and increasingly strained public resources in healthcare. Even if some people are not able to lose weight (there are good physiological reasons for why this happens), they will be healthier in better environments, with better behaviors, a better understanding of obesity and with better health system support and understanding.

We recommend investing in an initial suite of interventions that can be built on over time and sets clear leadership from the Government.

Illustrative examples for discussion



The above graphic shows an illustrative range of valuable policies/interventions for consideration that span the key action areas. These actions are evidence based and supported by the expert community. As part of a suite of actions, a complementary campaign could be valuable if well designed (considering stigma, strengths/values-based messaging, and barriers in the health system). A campaign alone, without accompanying interventions will not provide value for money and could be counterproductive if not well designed.

---

16 https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0234804; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8175295/

Key messages on the value of these actions:

- Environments in Australia are ‘obesogenic’, encouraging high energy intakes, particularly of energy-dense, nutrient poor and ultra-processed foods and sedentary behaviours. Also, access to affordable healthy food can be an issue, especially in low SEIFA as well as regional and remote areas. Improvements in environments can impact health, behaviours and weight management
- A healthy diet and regular physical activity are good for people’s health in general, regardless of weight. Dietary interventions (with and without physical activity) can lead to weight loss and lower all-cause mortality risks. People can be better supported through evidence-based approaches and information. Physical activity interventions can have a positive impact on physical mental and social wellbeing, and can reduce all-cause mortality and we recognise the investment already made in national walking groups with the Heart Foundation.
- There can be many physical and mental health benefits to weight management for people living with obesity (including reducing T2D risks), however, there is no one approach that works for everyone. We need to invest in a range in evidence-based approaches, in line with the national clinical guidelines in development. The healthcare system is not currently resourced or funded to support people well with evidence-based care.
- Weight stigma needs to be more widely addressed in society and within the health system. Considering the negative impacts on eating behaviours, mental health and physical activity and adverse impacts on access to health services, reducing weight bias needs to be part of the approach to addressing obesity. There is currently little investment nationally on weight stigma, bias, and discrimination reduction.

Further ideas on positive systems changes across stakeholder groups can be found in our Actions Hub. These actions are in line with and compliment the three Ambitions from the National Obesity Strategy.

We are not starting from scratch

Over the last ten years there have been several relevant inquiries and strategies, including:

- The Select Committee into the Obesity Epidemic in Australia
- The National Obesity Strategy
- National Preventive Health Strategy
- Australian National Diabetes Strategy and so on…

These documents outline the evidence and opportunities for action. The Department of Health and Aged Care currently has 20 active strategies and four in development that relate to the five action areas that we advocate for. The continuous cycle of siloed inquiries and strategies every few years requires huge resources from Government teams and the NGO communities of lived experience, experts, clinicians, civil society groups and community leaders. Strategies and inquiries without action is keeping people busy but not leading to community benefit.

We aren't lacking evidence and community support for health and wellbeing, we are lacking action on these strategies. We welcome the recent brave leadership action for lung health which included a suite of strong prevention and treatment initiatives. We are hopeful that this Inquiry will lead to tangible change that will be communicated, including clear implementation objectives and transparency around action and impact.

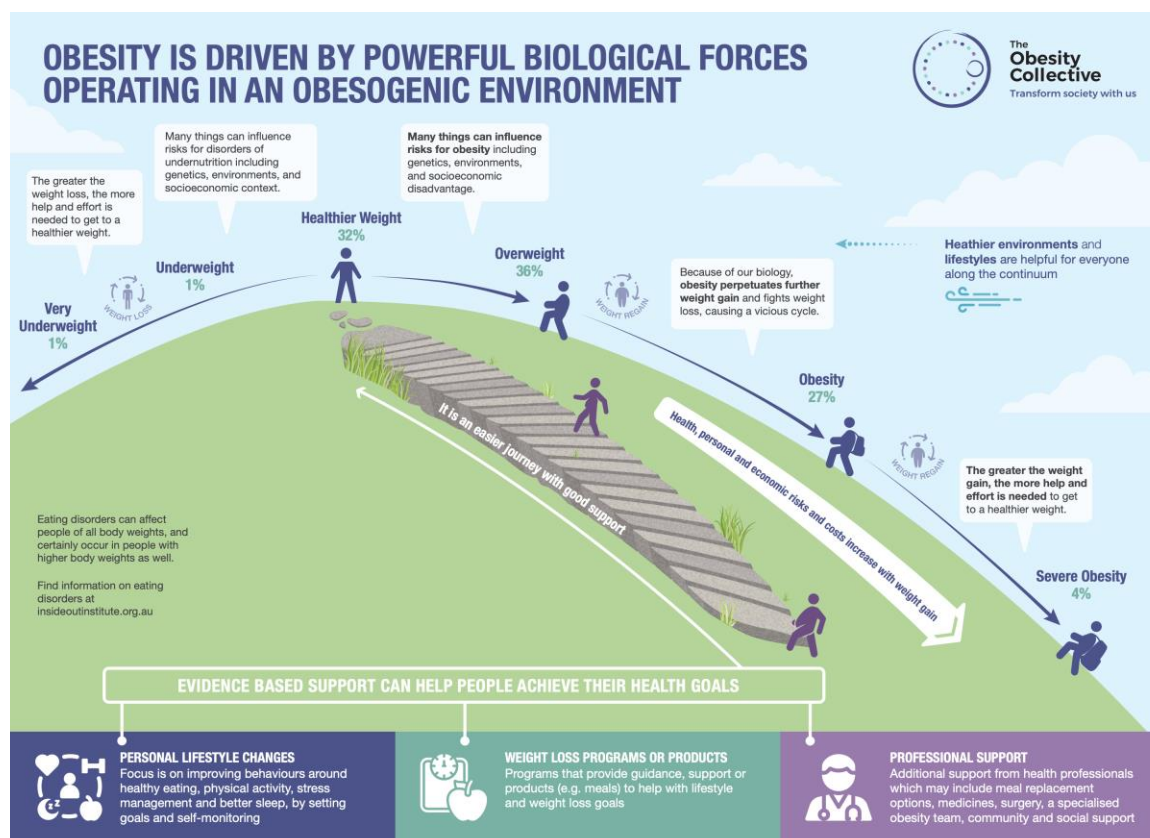
The usual and major barriers to action include:

- The oversimplified and stigmatising view that obesity is just a personal choice
- A false dichotomy that either prevention or treatment require attention and investment when both are needed
- There are no 'silver bullets' for obesity and complex systems change is needed, which requires collaboration across many areas
- The siloed approach to health and wellbeing across governments is a barrier to efficient and coordinated action

The oversimplification of obesity in the community has led to conscious and unconscious attitudes and beliefs about people with weight issues. Weight stigma, bias and discrimination add considerable adverse physical and mental health burdens for people. They also lead to reduced educational, social and employment opportunities. Within the healthcare sector, weight stigma can lead to delayed presentations and screening, lower quality of care for patients with obesity, poorer health outcomes and increasing risk of mortality.[17] A recent Australian systematic review found that HCPs hold implicit and explicit weight biased attitudes which can have negative impacts on the patient-provider relationship and the provision of care.[18]

17 Sutin, A.R., Stephan, Y., Terracciano, A. (2015). Weight Discrimination and Risk of Mortality. Psychol Sci. 2015;26(11):1803–11. https://journals.sagepub.com/doi/10.1177/0956797615601103; https://onlinelibrary.wiley.com/doi/10.1111/obr.13494
18 Lawrence BJ, Kerr D, Pollard CM, et al. Weight bias among health care professionals: A systematic review and meta-analysis. Obesity (Silver Spring). 2021;29(11):1802-1812. doi:10.1002/oby.23266

For obesity and diabetes, an oversimplification of the issues and stigma/bias remain key barriers to effective public policies, investments, and initiatives.



About the Obesity Collective:

The Obesity Collective is a coalition with a vision to reduce the health and wellbeing impacts of obesity in Australia. We are working together to raise awareness of the science and reality of obesity and promote evidence-based prevention and treatment action through a strong, cooperative, and inclusive network.

The Obesity Collective was launched in 2018, in response to the growing recognition that obesity is a systems challenge that is misunderstood and that we need to do more about it for the health and wellbeing of Australians. The Collective evolved through codesign, with a broad range of obesity prevention and treatment experts as well as social change and community leaders.

The Obesity Collective has members from hundreds of Australian organisations and is supported by strong and diverse leadership. Together, we are transforming our understanding of obesity and how to address related challenges.