Overall comments

PHAA supports these documents as being clear, thorough and useful. We would also support the development of similar statements on the benefits of activity to promote activity and reduce inactivity. Also, the prevention of obesity also requires action to prevent overweight. There is evidence of denial of weight status, and communication research suggests that the routine use of very large bodies to illustrate obesity news creates the impression that people do not need to worry about being overweight as opposed to obese. This impacts particularly on people who are clinically obese but do not recognise it as such.

PHAA comments on RACP draft position statement on obesity

PHAA considers that the impact of the obesogenic environment described in the evidence review could be better reflected in the position statement. For example, the role of the health sector should include advocacy and action to address the determinants of health, recognising that professional medical associations can be considerable influence on government policy. The placement of the paragraph on ‘Obesity as a systemic and societal problem’ could be placed higher within the position statement to provide increased emphasis on the obesogenic environment rather than the individual.

PHAA strongly supports the recommendation for an effective tax on sugar-sweetened beverages. However, more details could be provided on the suggested use of the revenue raised.

PHAA has a number of suggestions for inclusion in the section on the role of the health sector:

- In infants and children, height and weight should be measured at each visit and BMI plotted on a BMI for age chart as an indicator for identification of children at risk of excess weight gain
- Initial interventions should include attention to healthy eating and physical activity to correct energy imbalance
- Primary health care providers, including General Practitioners, Nurses in general practice and Community Nurses should be skilled to offer brief interventions to prevent continuation of excess weight gain
- Development and testing of brief interventions that are tailored to the needs of priority populations should be a priority
- To prevent establishment of long term complications of obesity, substantial investment is needed to provide multidisciplinary treatment for children and adolescents with established obesity. Existing tertiary services cannot meet demand and have long waiting lists.
- To protect, promote and support breastfeeding, noting the evidence that breastfeeding is protective against the risk of overweight and obesity, and in line with the World Health Organization’s report of the Commission on Ending Childhood Obesity.

At a population level, regular monitoring and surveillance of infant, child and adolescent weight should be coordinated nationally.
Editorial comments

- Title: change to “Action to prevent obesity and reduce the impact of obesity across the life course” to clarify that the intention is to prevent obesity itself as well as reducing the impact, rather than preventing and reducing the impact of obesity.

- P1, Obesity as a health crisis, line 2: “High body mass index...” change to “Having a high body mass index (BMI)...”

- P1, Obesity as a chronic disease, line 3: “Obesity increases the risks...” change to “Overweight and obesity increase the risks...”

- P1, Obesity as a chronic disease, first paragraph: include specific types of weight-related cancers to increase the power of the statement

- P1, Obesity as a systemic and societal problem, lines 1-2: “...commercial, economic and socio-cultural...”, change to “...commercial, economic, communication and socio-cultural...”

- P1, Addressing obesity, line 7: “...unpopular with the processed food industry...” change to “unpopular with the processed food and beverage industry...”

- P1, Addressing obesity, line 8: “...schools and early childhood education centres...” change to “...schools, early childhood education centres and hospitals...”

- P2, The role of the health sector, line 3: “...and its consequences; identifying weight-gain trajectories in patients, identifying fatty liver disease (NASH), and...”

- P2, End weight bias and stigmatisation, line 3: “...affecting health outcomes and...” change to “...affecting health outcomes, weight gain and...”

- P2, End weight bias and stigmatisation, lines 4-5: “...is maintained by providing care that meets the needs of people with obesity”, change to “...is maintained by providing professionals with anti-stigma training, providing care that meets the needs of people with obesity and enhancing public discussion of obesogenic environments”

- P2, Optimise health at any weight, lines 3-5: “...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”, change to “...sleep apnoea should be diagnosed and 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. Nutritional and inactivity lifeways known to lead to unhealthy body composition at any size should be identified and addressed”

- P2, Balance the potential benefits and risks of weight loss, end: add “Physical activity should be encouraged to enhance metabolic fitness and mental well-being.”

- P2, Enable equitable access to bariatric surgery, line 4: “...surgery is needed in Australia...” change to “...surgery is urgently needed in Australia”

- P3, Co-design interventions with priority populations, first paragraph, line 4: “...political, cultural and physical...” change to “...political, cultural, communication, educational and physical...”

- P3, Co-design interventions with priority populations, 4th paragraph, add to end: “...or saturation marketing of unhealthy food, beverage and sedentary pastimes.”

- P3, Summary and recommendations, 1st paragraph, line 4: “...foods and beverages to children.” Change to “...foods and beverages especially to children.”

- P4, line 2: “...strengthening Health in All Policies...” change to “embedding Health in All Policies...”

- P4, recommendations, 1st dot point: “...diets to children and young people” change to “...diets especially to children and young people”
PHAA comments on RACP draft evidence review on obesity

The evidence review is thorough and will be a useful resource for people working in obesity. The PHAA particularly supports the focus on obesogenic environments rather than the individual.

PHAA questions the classification of obesity as a disease. Obesity may usefully be considered to be on the continuum of body weight which has unhealthy extremes at either end.

The special consideration given to priority groups is important, however, the principles of co-design and community engagement should apply to everyone.

Editorial comments

P40 of evidence review – the end of the last paragraph has an error with the reference