

## CONFERENCE ABSTRACT

### **No single intervention will solve the obesity epidemic – RACP physicians and paediatricians exploring points in the life cycle to prevent and manage obesity for children and families**

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Obesity is at epidemic levels in New Zealand and Australia. However, no single intervention will solve the obesity epidemic because there is no single causal factor. We do know that obese children are more likely to be obese adults, and adults with obesity are at greater risk of developing non-communicable diseases (NCDs). Obesity in people of all ages contributes to Type 2 diabetes, musculoskeletal difficulties, respiratory illnesses, and psychological conditions including depression and anxiety.

The RACP educates and trains physicians and paediatricians to interact with people across their life journey, from preconception, antenatal, childhood, adolescence, adulthood and older age. We consider that 20,000 RACP physicians and paediatricians, working across more than 40 medical specialties in New Zealand and Australia, are in a unique position to influence these key points in the life course to prevent and reduce the impact of childhood obesity through its strategy to educate, advocate and innovate.

Elements of an RACP approach to preventing and managing obesity

The RACP is building on its existing knowledge and skill base, and working with others to support prevention and management activity to reduce the impact of obesity across the life course. Because obesity is a complex public health issue, exacerbated by obesogenic environments, and affected by environmental, social, economic, cultural, behavioural and biological factors interacting across the life course. We are focusing on pinch points in the life cycle as the main focus of our work.

#### 1. Equity is paramount

The prevalence and distribution of childhood obesity shows significant socioeconomic and ethnic disparities, for New Zealand children living in the most deprived areas, being four times more likely to be obese than children living in the least deprived.

We are developing to grow strength from within family/whānau by supporting physicians and paediatricians to provide culturally safe and relevant care.

#### 2. Educate: the life course

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prevent and manage obesity for children and families

Life course approaches are used to implement interventions that support parents and families/whānau to help their children. There are many opportunities for preventative actions at significant points in growth and development – particularly in infancy and childhood.

Our physicians and paediatricians are supported with resources to provide care that supports health and wellness, and in particular healthy growth, development, physical activity and nutrition in the first five years.

### 3. Advocate: obesogenic environments

Information is an integral part of the RACP's advocacy and approach to raising awareness of improvement opportunities.

Our advocacy actions to prevent obesogenic environments are based on a Health in All Policies approach to improving people's health and wellbeing. We develop shared resources for clinicians to increase their understanding of healthy eating and activity.

### 4. Innovation: integrated care

Physicians and paediatricians are actively engaged in integrated care initiatives crossing communities, District Health Boards, public health, primary care, community and families/whānau.

Innovation in learning and improvement is integral to our approach. We are collaborating in existing programmes to support and involve parents/caregivers and families/whānau.

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**Keywords:** obesity; equity; educate; advocate; innovate

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