

# Preventative Health Taskforce Discussion and Technical papers: Online Submission Form

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## Preventative Health Taskforce

### *\*Mandatory fields*

\*Name:

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Position:

President

Organisation:

Obesity Prevention and Treatment Society

## SUBMISSION FROM THE OBESITY PREVENTION AND TREATMENT SOCIETY (OPATS)

OPATS would like to partner with the National Preventative Health Taskforce in the pursuit of making Australia the Healthiest Country by 2020. Our organization agrees totally with taskforces 5 “key imperatives” for managing the obesity problem. Your technical paper on obesity spoke of the need to “Strengthen, upskill and support primary healthcare workers and the public health workforce to support people in making healthier choices.” This is in precise alignment with the objects of OPATS. OPATS was created by clinicians (including GPs, medical specialists, surgeons, psychologists, nurses and dietitians) to support training of the relevant health workers in the prevention (primary, secondary, tertiary) and treatment of obesity.

More information and the objects of OPATS are detailed on the home page of our website – visit [www.opats.org](http://www.opats.org).

After two successful conferences, OPATS is currently gearing up for an international conference to be held in 2010. Our planning is at such an early stage that we are in a position to align this with “Australia: the healthiest country by 2020” strategy. As with our earlier conferences, the goal would be to further define evidence-based clinical guidelines around the complex psychophysiological condition that is obesity. Our plan with the 2010 conference was to include a range of ‘hands on’ workshops so that attendees leave with real clinical skills that can be immediately deployed. OPATS is acutely aware that simple education of those suffering from overweight and obesity is relatively ineffective in dealing with these problems. Just as was found in dealing with nicotine and alcohol addictions, higher level, psychology-based skills are required to effect change.

For example, clinicians need greater training into:

- motivational interviewing techniques
- how to raise the issue of obesity in a non-judgemental way
- managing the emotional attachment that many of the obese have to food
- understanding of the different pathways to obesity and hence different interventions
- understanding the processes of personal and lifestyle change – how ready is the person to change?
- understanding why some people use their weight as a much needed defense
- the research into how exercise may promote adipose weight gain
- why some people are motivated to gain weight
- how childhood abuse and obesity are linked (69% of those on a bariatric surgery waiting list were found to have been victims of childhood abuse)
- how to support people who have had multiple attempts to lose weight and have repeatedly failed
- how to avoid giving advice that makes the problem worse

This training needs to be delivered in concert with fiscal, social and built-environment incentives to eat less energy-dense foods and become more active.

In recognition of the critical role of the media, OPATS is also exploring the idea of asking advertising agencies to compete to come up with the most effective way of getting preventive measures out there

with the winner to be announced at the 2010 conference. If this could be sponsored by the “The healthiest country by 2020” initiative it could gain even greater momentum. We would also like to explore the use of “academic detailing” for training of health care professionals. This technique is probably one of the most effective methods for changing professional behaviour.

Is there an opportunity for OPATS to become a strategic partner in the “The healthiest country by 2020” initiative? We would be keen to enter into a dialogue with a view to OPATS focusing its attention on the component of the initiative targeted at the clinicians involved in the prevention and treatment of obesity.

\*Submissions may be placed on the Preventative Health Taskforce website. Discussion papers and other material developed as part of the consultation process may also be placed on the website. The Preventative Health Taskforce will not accept submissions by organisations submitted wholly on a confidential basis. Where the nature of the material dictates however, submissions may append material marked Confidential and severable from the covering submission so that the submission can be placed on the website without the attachments. The Preventative Health Taskforce will accept confidential submissions from individuals where those individuals can argue that publication might compromise their ability to express forthright viewpoints or impact on a third party. Please note that any request under the Freedom of Information Act 1982 for access to a document (regardless of the document's assigned classification) in the possession of the Commonwealth will be determined in accordance with that Act.



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