

PROMOTING HEALTHY WEIGHT: THE PREVENTION AND MANAGEMENT OF OVERWEIGHT AND OBESITY IN AUSTRALIA

The Public Health Association of Australia notes that:

1. The World Health Organization's Expert Consultation on Obesity recognised in 1997 that "overweight and obesity represent a rapidly growing threat to the health of populations and an increasing number of countries worldwide". [1] It has ranked obesity as one of ten preventable conditions that require urgent attention. [2] In Australia, the National Health and Medical Research Council (NHMRC) has recognised that overweight and obesity poses a major public health problem in Australia. [3] Overweight, including obesity, now contributes 8.6% of the burden of premature death and disability, the largest contributor of the biomedical and behavioural risk factors measured. [4] The Australian Government has recognised obesity as an epidemic and a social problem and has developed strategic plans which aim achieve healthier weight in children and young people [5] and reduce the burden of weight-related illness in adults. [6] To complement these the NHMRC has released *Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults*, and a companion set of guidelines for children and adolescents, which argue for the coalescence of clinical initiatives, public health measures and environmental changes in promoting healthy weight. [7]
2. Healthy weight is a body weight that is associated with normal growth and development in children, and protection against many chronic diseases amongst adults. A weight that results in a Body Mass Index (BMI) within the range of 18.5 (kg/m²) to less than 25 (kg/m²) is classified as healthy weight for adults. [7] Epidemiological studies show that increasing BMI is associated with greater risk of mortality and morbidity from conditions including non-insulin dependent diabetes mellitus, coronary heart disease, hypertension, hyperlipidemia, reproductive abnormalities, osteoarthritis, back pain and certain cancers. [7, 8] Obesity is an central component of the Metabolic Syndrome, which encompasses factors such as abdominal adiposity, insulin resistance, hypertension and atherogenic lipid profiles. [9] There is also evidence that psychosocial health of overweight and obese individuals is reduced. [8]
3. The Australian prevalence of obesity and overweight is high and continues to rise. Over half of adult Australians are overweight or obese, a proportion that has risen sharply in the last twenty years. [10] Obesity prevalence is highest among 45-64 year olds, with the number of obese older Australians approaching 1 million (or one in five older adults). Australians are gaining weight at least into their mid-70s. [11] From the 1900s until the early 1970s, about 8% of children were overweight or obese. Since the 1970s, this proportion has increased rapidly.[12] Approximately 20 per cent of 5 to 18 year olds were overweight or obese in 1995, double the prevalence of 1985.[13] Recent population studies have found that between 21% and 27% of school-aged children and 21% of preschoolers are overweight or obese. [14-16]
4. Overweight and obesity are more common in lower-socioeconomic groups, in rural populations, in some immigrant groups and obesity is much higher in Aboriginal and Torres Strait Islander (ATSI) people. [7, 17] Food security, or food access and a healthy food supply, remain key determinants for obesity amongst

these groups. The risk of obesity is 20–40% higher in women experiencing food insecurity and poverty. [18, 19]

5. The social and economic costs of overweight and obesity are high, not only in terms of premature death and health care but also in terms of disability and a diminished quality of life. [1] The total cost of obesity in Australia in 2005 was estimated at \$21 billion, including \$3.8 billion in financial costs and \$17.2 billion in the cost of lost wellbeing. [20]

6. And as the NHMRC points out the indirect costs of obesity are substantial: obese individuals live for many years with high health care costs and lost productivity. Obesity-related disorders such as diabetes and its complications further add significantly to the financial burden. [7]

7. Children and adolescents are important target groups for the prevention of overweight and obesity. However, it is important to ensure that interventions also reduce (or at least do not increase) distorted perceptions of body size and inappropriate dieting and weight control behaviours such as purging. Adolescents use a range of healthy strategies to control their weight, although a minority use potentially health-damaging weight-control strategies. [21]

8. Individuals may become obese in part because they have a genetic predisposition to gain weight readily in an unfavourable environment, but the fundamental causes of the "obesity epidemic" are considered to be societal, resulting from an environment that promotes sedentary lifestyles and overconsumption of food generally, and consumption of energy-dense diets in particular. [1, 22] The NHMRC points out that inter-individual differences in response to clinical treatments is due to differences in exposure to the 'obesogenic' modern environment. [7] The effect of neighbourhoods in disadvantaged urban areas on an individual's risk of obesity and household food security warrants further investigation in Australia, since most the evidence to date is from North America. [23] Market basket surveys in Australia have highlighted large and growing disparities between the affordability and availability of fresh food items in rural and remote communities. [24]

9. The World Health Organisation (WHO) has identified the underlying causes of the global obesity epidemic as: sedentary lifestyles; high intake of energy-dense, micronutrient-poor foods; heavy marketing of fast food outlets and energy-dense, micronutrient-poor foods and beverages; a high intake of sugar-sweetened drinks; and adverse socioeconomic conditions, especially for women. The protective factors are listed as: regular physical activity, a high intake of fibre-rich foods (vegetables, fruit, legumes and wholegrains); home and school environments that promote healthy food and activity choices for children and adolescents; and breastfeeding. [22]

10. Managing the epidemic of overweight and obesity is widely acknowledged as a priority area of health action. Prevention of overweight and obesity is emphasised internationally on the basis that the health consequences of obesity are often cumulative and may not be fully reversible by weight loss; that weight loss in obese populations in clinical situations is often poor; and that it is considered to be more efficient and hence more cost effective to prevent weight gain rather than to treat overweight and obesity. [1]

11. The prevention and management of overweight and obesity needs to be considered from a public health perspective. [1] Prevention of weight gain is

achieved through interventions to improve nutrition and increase physical activity. In addition, further health gains beyond healthy weight can be achieved by such interventions.

12. Collaboration between communities, governments, the media and industry needs to seek to promote an environment conducive to maintaining a healthy weight. Such partnerships are required to ensure that effective and sustainable changes in diet and every day levels of physical activity can be achieved throughout the community. This approach will also allow obesity prevention and management strategies to be harmonised with existing public health policies and programmes for the control of all non communicable diseases. [1] Innovative strategies to promote such change should form the focus of public health strategy in this area.

13. While prevention of overweight and obesity is an important priority, it is useful to consider a spectrum of activity in the prevention of weight gain, where weight loss, weight maintenance, the management of weight-related risk factors and obesity prevention are all included. [7] Almost one in five Australian adults is obese, and many of these people will have co-morbidities and will be at risk of further weight gain over time. Management of these groups should remain a priority, irrespective of primary preventive activities. The management of individuals who are already obese should combine a primary goal of long-term weight maintenance with appropriate treatment to achieve a modest weight loss of 5-15% initial weight and management of co-morbidities. Appropriate support and assistance for making sustainable dietary, physical activity and other healthy life-style changes should be an intrinsic part of all management strategies. [7]

Principles: It is important to:

14. avoid all forms of discrimination against individuals and groups on the basis of body weight.

15. ensure that health services and programs for overweight and obese people are available and culturally appropriate.

16. ensure that obesity prevention interventions incorporate a balance between individual and societal responsibility. This means an active role for governments, business and non-government organisations as well as individual behavioural change.

The Public Health Association of Australia endorses:

17. The NHMRC report: Acting on Australia's Weight A strategic plan for the prevention of overweight and obesity. [3] This report and the strategic recommendations it contains, are principally oriented towards universal/public health prevention. Overall, the plan takes a population-based approach that focuses on changing the macro-environment in order to make it easier for people to undertake physical activity and make healthier food choices and thereby assist in the prevention of overweight and obesity.

18. The recommendations of the World Health Organisation's report Obesity: Preventing and Managing the Global Epidemic. [1] In addition to strategies around universal prevention as supported by NHMRC, this report supports selective prevention of obesity in subgroups of the population with an above average risk of developing obesity, and targeted prevention directed at high risk individuals with existing weight problems but who are not yet obese.

19. The WHO report Diet, Nutrition and the Prevention of Chronic Diseases. [22] This recommends strategic actions including surveillance of nutrition, physical activity and related disease burden, ensuring a healthy food supply is available to all, and comprehensive strategies which address nutrition and physical activity together with other risks such as tobacco risk. The report notes that while actions should be intersectoral, governments have a central steering role in developing strategies, ensuring that actions are implemented, and monitoring their impact over the long term.
20. The National Obesity Taskforce report, Healthy Weight 2008- shaping Australia's future. [5] The report recommends a focus on young people and their families, supportive environments and prevention of obesity. The report identifies first-stage actions but does not identify longer-term actions, nor identify responsibilities or sources of funding.
21. The National Obesity Taskforce report Healthy Weight for Adults and Older Australians- a National Action Agenda to Address Overweight and Obesity in Adult Australians. [6] This Agenda aims to prevent weight gain at the population level, achieve better management of early risk, and improve management of weight. The Agenda targets the whole adult population, including older people, with specific actions directed toward people living in rural and remote areas, Aboriginal and Torres Strait Islander communities, and people with established risk for weight-related chronic conditions.
22. Eat Well Australia: an Agenda for Action for Public Health Nutrition, and the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, developed by the Strategic Intergovernmental Nutrition Alliance (SIGNAL) in 2001. These plans provide an agenda for action to improve nutrition for all Australians, with a particular focus on Aboriginal and Torres Strait Islander peoples, but have not been well resourced. SIGNAL has since been disbanded by the Department of Health and Ageing.

The Public Health Association of Australia strongly urges that the following steps should be taken:

23. That federal and state governments, the food industry, and relevant Non Government organisations ensure that action on obesity is high on their agenda.
24. That implementation of the recommendations arising from the two NOTF reports be promptly enacted with sufficient funding and policy support to ensure their success.
25. That the regulations on marketing foods and beverages to children be significantly strengthened so that they afford substantial protection to children and extend beyond television advertising to cover other forms of marketing such as Internet, sponsorships, games and competitions, and direct marketing.
26. That sufficient funding be provided to promote the physical activity guidelines for adults and children to the public.
27. That sufficient funding and support also be provided to implement the NHMRC guidelines on obesity management for adults, children and adolescents.

28. That Commonwealth and State health departments, and non Government organisations support research that aims to identify successful public health interventions aimed at reversing the trend of unhealthy weight gain and to identify ways in which to promote weight loss among those who are already overweight.
29. That a nationally coordinated, ongoing systematic monitoring and surveillance program for physical activity, nutrition and overweight/obesity be established and adequately funded.

The Public Health Association of Australia resolves to undertake the following:

30. To actively contribute to policy and advisory forums relating to healthy weight for adults, children and young people.
31. To recommend that governments and other agencies co-ordinate their efforts to achieve a national, integrated, multisectoral and multidimensional approach to tackling this public health problem.
32. To encourage the Commonwealth Minister for Health and the NHMRC to adequately resource the Healthy Weight 2008 Action Agenda, and the National Action Agenda to Address Overweight and Obesity in Adults and Older Australians, and the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan.
33. To inform and mobilise its members in support of this policy.
34. To monitor progress on the implementation of Healthy Weight 2008 Action Agenda and the National Action Agenda to Address Overweight and Obesity in Adults and Older Australians.

Related Public Health Association Policies

Physical Activity

Television Food Advertising during Children's Viewing times

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