



Public Health Association of Australia:

Policy-at-a-glance – Promoting Healthy Weight Policy

- Key message:**
1. That all levels of government, the food industry, and relevant non-government organisations need to ensure that action on obesity is high on their agenda.
 2. Implementation of the Preventative Health Taskforce recommendations must be promptly enacted with sufficient funding and policy support to ensure their success.
 3. Regulations on marketing foods and beverages to children must be significantly strengthened.
 4. A new National Food and Nutrition Policy needs to be developed along with complementary physical activity strategies.
 5. The food regulatory system priority is protecting public health and safety. There is an urgent need for increasing the emphasis on improving diet quality and nutrition through regulatory action.

Summary: This policy seeks to outline a series of principles and tangible actions in line with these goals.

Audience: Australian, State and Territory Governments, policy makers, program managers and key non-government and industry stakeholders.

Responsibility: PHAA's Food and Nutrition Special Interest Group (SIG)

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Contact: Andrea Begley and Christina Pollard, Co-Convenors, Food and Nutrition SIG - A.Begley@curtin.edu.au and C.Pollard@curtin.edu.au

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

The Public Health Association of Australia notes that:

1. The World Health Organization (WHO) states that the global epidemic of obesity is a rapidly growing threat to the health of populations in an increasing number of countries worldwide [1-2]. WHO ranked obesity as one of ten preventable conditions that require urgent attention and considers the dramatic rise in childhood obesity over the last decade as one of the most serious challenges of the 21st century [3-4].
2. In Australia, the National Health and Medical Research Council (NHMRC) has recognised that overweight and obesity poses a major public health problem [5]. Overweight, including obesity, contributes 7.6% of the burden of premature death and disability, the largest contributor of the biomedical and behavioural risk factors measured [6].
3. Epidemiological studies show that obesity 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]. Obesity is a central component of the Metabolic Syndrome, which encompasses factors such as abdominal adiposity, insulin resistance, hypertension and atherogenic lipid profiles [8]. There is also evidence that psychosocial health of overweight and obese individuals is reduced [9-10].
4. Once obese, it is difficult to lose weight through physical activity and diet. Children who are overweight or obese are more likely to become overweight or obese adults.
5. Healthy weight is body weight that is associated with normal growth and development in children, and protection against many chronic diseases in later life. The Body Mass Index (BMI), weight in kilograms divided by height in square metres ratio (kg/m^2), is used to determine appropriateness of body weight. For adults, < 18.5 is underweight; 18.5 to < 25 is a healthy weight; ≥ 25 to < 30 is overweight, and ≥ 30 is obese [11]. A waist circumference of ≥ 94 cm for men and ≥ 80 cm for women is classified as abdominal overweight; and ≥ 102 cm for males and ≥ 88 cm in females is abdominal obesity. For children and adolescents 2 to 17 years 'at risk of overweight' is determined as the sex-age-specific BMI between the 85th and 95th percentile.
6. The rate of overweight and obesity among adults has doubled over the last two decades. The WHO Global Database on Body Mass Index interactive tool for monitoring nutrition transition through BMI indicates that 49% of Australian adults were overweight, 16.4% obese and, alarmingly, 42% of males and 31% of females were pre-obese in 2005 [2].

7. Accurate prevalence of BMI requires measured height and weight as Australian adults underestimate their height and weight compared to actual measurements, resulting in a lower BMI [12]. For example, 66% of adults were overweight or obese compared to the 54% who reported so in 2005 [12]. Most Aboriginal people in a 2003-4 Darwin survey with BMIs over 25, correctly identified themselves as overweight [13].
8. Only 37% of adults were of normal body weight and 61.4% were either overweight or obese (37% overweight and 25% obese) according to measured data from the 2007-08 National Health Survey (NHS) [14]. Overweight or obesity rates increased since the 1995 National Nutrition Survey, 64 to 68% for males and 49 to 55% for females.
9. Almost 25% of Australian children and adolescents (5 to 17 years) were at risk of overweight or obesity according to the the 2007-08 National Health Survey [14].
10. Overweight and obesity are more common in lower-socioeconomic groups [15-17], in some immigrant groups [16] and are much higher in Aboriginal and Torres Strait Islander (ATSI) people [7-8]. These sub-populations have different values and beliefs regarding weight status, food and physical activity that need to be acknowledged when developing interventions [18-19]. Food security, or food access and a healthy food supply, remain key determinants for obesity amongst vulnerable population groups. The risk of obesity is 20–40% higher in women experiencing food insecurity and poverty [20-21].
11. Risk factors for obesity such as poor nutrition, low socioeconomic status, and ethnicity are common with other priority public health issues such as poor oral health [22].
12. The social and economic costs of overweight and obesity are high [1, 24]. The total cost of obesity in Australia in 2008 was estimated at \$58 billion, including \$8.3 billion in financial costs and \$49.9 billion in the cost of lost wellbeing [23].
13. The indirect costs of obesity are substantial with obese individuals living 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].
14. The fundamental causes of the "obesity epidemic" are considered to be societal, resulting from an environment that promotes sedentary lifestyles and over consumption of food, particularly energy-dense diets [24-25]. The effect of neighbourhoods in disadvantaged urban areas and household food security warrants further investigation in Australia, since most of the evidence to date is from North America [26-27]. 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 and the rising cost of healthy food in all localities [28-34].
15. The Australian Government has recognised obesity as an epidemic and a social problem and has developed strategic plans which aim to prevent overweight and obesity by encouraging healthier weight across the population, and specifically in disadvantaged groups such as low-income or ATSI groups [3, 4]. 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 complementary clinical initiatives, public health measures and environmental changes [7].
16. 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 cost effective to prevent weight gain rather than to treat overweight and obesity [1].

17. From a public health perspective prevention of weight gain is achieved through interventions to change the physical, policy, economic, educational and social environments to support increased healthy eating and physical activity in the community. In addition, further health gains beyond healthy weight, including improving nutrition, can be achieved by such interventions [1].
18. Partnerships between communities, governments, the media and industry are required to ensure that these are effective and sustainable. This approach will also allow obesity prevention and management strategies to be harmonised with existing public health policies and programs for the control of all non-communicable diseases [1].
19. 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]. 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:

20. Avoid all forms of discrimination against individuals and groups on the basis of body weight.
21. Ensure that interventions with children are supportive of positive body image, and do not contribute to body dissatisfaction which might lead to eating disorders.
22. Ensure that health services and programs for overweight and obese people are available and culturally appropriate.
23. 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.
24. Ensure that obesity prevention interventions minimise health inequities by accommodating diversity within the community and by addressing the specific needs of high-risk target groups such as those of low socioeconomic status and ATSI groups.

The Public Health Association of Australia endorses:

25. The National Preventative Health Taskforce (NPHT) "*Preventative Health Taskforce Roadmap for Action*" recommended actions for government and the private sector to tackle chronic disease caused by obesity, July 2009. Priority population-based approaches focus on primary prevention of obesity by changing elements of the macro-environment to make physical activity and healthy eating easier for individuals. Trialling a suite of intervention approaches accompanied with monitoring and evaluation is a priority.
26. The Australian Government priority actions to prevent obesity "*Taking Preventative Action – A Response to Australia: The Healthiest Country by 2020 – The Report of the National Preventative Health Taskforce*", May 2010 [35-36]. However, PHAA advocates for resourcing of additional actions.
27. The House of Representatives Standing Committee on Health and Ageing's *Weighing it up. Obesity in Australia* recommendations.

28. The WHO's Obesity: Preventing and Managing the Global Epidemic Report recommendations for selective prevention of obesity in population subgroups 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 [1].
29. The WHO Diet, Nutrition and the Prevention of Chronic Diseases Report recommendations of the Global Strategy on Diet Physical Activity and Health [25, 37]. Priority strategic actions include: surveillance of nutrition, physical activity and related disease burden; ensuring a healthy food supply is available to all; and comprehensive strategies addressing nutrition and physical activity together with other risks such as tobacco use. Actions should be inter-sectoral with the Australian Government having a central steering role in developing strategies, ensuring actions are implemented, and monitoring their impact over time
30. The actions identified in the WHO Population-Based Prevention Strategies for Childhood Obesity Report (2010) [3].
31. The National Obesity Taskforce (NOTF) report, Healthy Weight 2008-shaping Australia's future [38]. The report recommends a focus on young people and their families, supportive environments and prevention of obesity.
32. The National Obesity Taskforce (NOTF) report Healthy Weight for Adults and Older Australians - a National Action Agenda to Address Overweight and Obesity in Adult Australians [39]. This Agenda aims to prevent weight gain at the population level, 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.
33. The recommendations from the National Obesity Taskforce (NOTF) Aboriginal Torres Strait Islander Workshop (2003) [40].
34. The recommendations from the former National Public Health Partnership's Eat Well Australia: an Agenda for Action for Public Health Nutrition and the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, 2000-2010 [41-42] and Be Active Australia - A Framework for Health Sector Action for Physical Activity 2005-2010. These plans provide an agenda for action to improve nutrition and physical activity for all Australians, with a particular focus on ATSI peoples and have guided jurisdictional action. They were not well resourced and expire in 2010 with no follow-up strategy.
35. The establishment of a Nutrition sub-committee to the Australian Health Ministers Advisory Council's Australian Population Health Development Principal Committee (APHDPC).
36. The implementation of the Australian Health Survey, commencing in April 2011, to measure chronic disease risk factors (including BMI, nutrition and physical activity status, and health risks assessed from bloods and urine).
37. The Food Regulation Policy statement on Front of Pack Labelling [43].
38. The COAG National Partnership on Preventative Health, and the National Strategy for Food Security in Remote Indigenous Communities [44-45].
39. Selection of interventions for action to increase the proportion of the population with a healthy weight that are based on systematically applied theoretical frameworks [46-49].

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

40. That all levels of government, the food industry, and relevant non-government organisations ensure that action on obesity is high on their agenda.

41. That implementation of the Preventative Health Taskforce "*Preventative Health Taskforce Roadmap for Action*" obesity recommendations must be promptly enacted with sufficient funding and policy support to ensure their success. Some actions not prioritised in the Government's response, eg. phasing out children's exposure to television advertising, are a high priority.
42. That the regulations on marketing foods and beverages to children be significantly strengthened to protect children extending beyond restricting advertising during children's television viewing time to cover other forms of marketing such as Internet, sponsorships, games and competitions, and direct marketing.
43. That sufficient funding is provided to disseminate and promote the physical activity guidelines for adults and children to the public.
44. That sufficient funding is provided to increase awareness of the revised NHMRC dietary guidelines and Australian Guide to Healthy Eating.
45. That sufficient funding and support also be provided to continue to implement the NHMRC guidelines on obesity management for adults, children and adolescents.
46. That Commonwealth and State health departments, and non Government organisations support research to identify effective 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.
47. That Commonwealth and State health departments, and non Government organisations support research into the effectiveness of fiscal approaches to improve access to safe, nutritious and affordable foods for all, particularly those at higher obesity risk such as socioeconomically disadvantaged and ATSI groups,
48. That a nationally coordinated, ongoing systematic monitoring and surveillance program for physical activity, nutrition and overweight/obesity be established and adequately funded, following on from the 2011 Australian Health Survey.
49. That child public health initiatives focus on a combination of health determinants to maximise the combined impact on obesity and oral health and related health issues.
50. That initiatives aimed at preventing obesity be evaluated to further inform the necessary evidence base for preventive strategies, and that socioeconomically disadvantaged and ATSI groups are a high-priority in research and programs aimed at obesity prevention.
51. That the NHMRC auspices the development of a new National Food and Nutrition Policy.
52. That new national nutrition and physical activity strategies be developed (as the current strategies end in 2010).
53. That the food regulatory system priority is protecting public health and safety. There is an urgent need for increasing the emphasis on improving diet quality and nutrition through regulatory action, eg. through food labelling, policy and law.

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

54. To actively contribute to policy and advisory forums relating to healthy weight for adults, children and young people.
55. To recommend that governments and other agencies co-ordinate efforts to achieve a national, integrated, multi-sectoral and multidimensional approach to tackling overweight and obesity.

56. To encourage the Commonwealth Minister for Health and the NHMRC to develop a new National Food and Nutrition Policy.
57. To encourage the Commonwealth Minister for Health and the NHMRC to adequately resource the recommendations of the 2009 Preventative Health Taskforce report (related to obesity), and the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan.
58. To inform and mobilise its members in support of this policy.
59. To monitor progress on the implementation of these recommendations.

Related Public Health Association of Australia Policies:

Physical Activity

Television Food Advertising during Children's Viewing Times

Oral Health

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