Prevention and Management of Overweight and Obesity in Australia

Policy Position Statement

Key messages:

Overweight and obesity in Australia is associated with substantial present and future social, health and economic costs.

The prevalence of overweight and obesity has been rising in Australia over the past 40 years. Two-thirds of Australian adults are now classified as overweight or obese and one in four Australian children. Actions to address obesity are outlined in the National Obesity Strategy (2022 – 2032) and the National Preventive Health Strategy (2021 – 2030).

Key policy positions:

Australian federal, state and territory governments should provide leadership to enable an effective approach for addressing overweight and obesity and implement actions as outlined in the *National Obesity Strategy* (2022 – 2032) and the *National Preventive Health Strategy* (2021 – 2030).

Adequate and ongoing funding should be allocated to implement and evaluate (overall and according to targeted sub-groups) the National Obesity Strategy and include a commitment to a comprehensive monitoring and surveillance system around diet, physical activity levels and weight status of the whole population.

Audience: Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility: PHAA Food and Nutrition Special Interest Group

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Policy position statement

Note: This policy should be read in conjunction with other relevant PHAA policy position statements, including Dietary Patterns, Food-Based Guidelines and Nutrition; Health Levy on Sugar Sweetened Beverages; Physical Activity; Marketing of Food and Beverages to Children; Food and Nutrition Monitoring and Surveillance in Australia; and a National Nutrition Policy for Australia.

PHAA affirms the following principles:

1. The drivers of overweight and obesity are complex. No single intervention can halt the rise of the growing obesity epidemic. A range of strategies over the long term are required that take into consideration the interaction between individuals, the environment, and the social determinants of health.
2. The public health problems of obesity, unhealthy eating patterns and inadequate physical activity cannot be solved by education and personal responsibility alone. Creating healthy food and physical activity environments will enable the population to make healthier choices in relation to dietary patterns and physical activity levels.
3. While government leadership, funding, and action to prevent and manage overweight and obesity is essential, a whole of society approach is needed to implement a coordinated agenda of action: this will include the engagement of all levels of government, industry, community organisations, non-government and academic sectors, and the public.
4. The selection and resourcing of interventions to promote healthy weight should be guided by the best available scientific evidence, or the most promising strategies where evidence is yet to be collected. This approach should incorporate a balance between individual and societal responsibility, avoid contributing to bias and discrimination on the basis of body weight, and support positive body image.
5. For population impact, strategies need to address weight maintenance among healthy weight individuals, and for those who are overweight or obese. The prevention of further weight gain and weight loss is important in the strategy to improve diet and physical activity behaviours for all.

PHAA notes the following evidence:

6. Globally, high and rising levels of adult and child overweight and obesity are a threat to good health. The World Health Organization's (WHO) plan for preventing and managing non-communicable diseases includes a focus on reducing obesity, improving diets and increasing levels of physical activity.[1]
7. Obesity rates in Australia are among the highest in the world.[2] In 2017-18, 36% of adults were overweight and 31% obese, with combined rates of overweight and obesity (66%) up from 61% in 2007-8.[3] While the combined prevalence of overweight (18%) and obesity (8%) among children (5-17 years) has stabilised at 25%, it remains high.[3, 4] Overweight and obesity are more common in lower-socioeconomic and some immigrant groups and among Aboriginal and Torres Strait Islander people, inequalities that begin in childhood and persist or widen across the life course.[2]

8. Overweight and obesity contributed 8.4%, dietary risks contributed 7.3% and physical inactivity accounted for another 2.5% of all Australian burden of disease and injury in 2015, including 45% of the burden from endocrine disorders, a third of the burden from kidney and urinary diseases and 19% of the cardiovascular disease burden[5]. Dietary risks are responsible for a third of the burden from endocrine disorders and 40% of the burden from cardiovascular disease[5].

9. Approximately 80% of overweight children become overweight adults.[6] Once overweight, it is difficult to lose weight, so preventing weight gain is important.

10. The social and economic costs of overweight and obesity in Australia are high. A 2015 estimate concluded that without additional and increased investment in well-designed obesity interventions there will be 50% more obese people and the cumulative, marginal economic costs of obesity in Australia will reach $87.7 billion by 2025, not including the impact on the quality of life of the obese, their families and carers.[7]

11. The estimated global cost of overweight and obesity is US$2 trillion per annum, with 68% of all mortality the consequence of non-communicable diseases which are closely linked with unhealthy eating.[8]

12. Unhealthy eating patterns are among the top three risk factors causing globally, being the second-highest cause of risk for men and third for women, behind blood pressure and tobacco use.[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30752-2/fulltext]. One in five deaths could be prevented through an improvement of diet, regardless of age, gender, or socio-demographics.[9]

13. As unhealthy eating patterns and physical inactivity are key determinants of unhealthy weight, achieving healthy weight will not be possible without significant focus and investment in both these areas, particularly in regulatory policy actions for which there is strong supportive evidence.[7]

14. Body Mass Index, the ratio of weight in kilograms divided by height in metres squared, is the main population-level indicator of weight status for adults and children and is used with caution at the individual level.

15. National and international organisations emphasise that a sustained and comprehensive portfolio of interventions is required to address overweight and obesity and note the central role of government leadership in achieving population level impact.[1]

16. The National Health and Medical Research Council (NHMRC) clinical guidelines for management of overweight and obesity are out of date and have been rescinded, without any apparent plans for review or update.[10]

17. To effectively prevent excessive weight gain, interventions are required to change the physical, policy, economic, educational, and social environments in order to support healthy eating patterns, increase physical activity and reduce sedentary behaviours.

18. Many regulatory and program-based interventions have been assessed as being cost-effective and would achieve a whole of population approach to preventing overweight and obesity.[11]

19. An assessment of the extent to which each jurisdiction in Australia implements globally recommended policies for obesity prevention was conducted in 2017, with a repeat assessment to be reported in 2022. The 2017 assessment found that Australia was meeting best practice in the implementation of some policies, including aspects of food labelling (such as the development of the Health Star Rating

scheme, albeit with much improvement still required – see PHAA Health Star Rating policy), food prices (no GST on basic foods), and regular monitoring of population body weight. However, there were a number of areas where Australia was significantly lagging behind other countries. Priority areas recommended for action included increased national co-ordination of actions to improve population nutrition, taxes to increase the price of unhealthy foods (especially sugary drinks), and regulations to reduce exposure of children to marketing of unhealthy food at both Federal and State levels[12].

20. National monitoring of self-reported body weight status for most aged groups occurs approximately every three years as part of the National Health Survey[3]. However, data for children under 5 years is piece-meal and not available at a population level, despite some evidence of overweight and obesity occurring by pre-school age. Additionally, national monitoring of diet, physical activity, weight, and other chronic disease risk factors is ad hoc and uncoordinated and there are no current plans for an ongoing national monitoring program.

21. Australia now has a National Obesity Strategy (2022-2032), which outlines many actions that need to be implemented to prevent and manage overweight and obesity in Australia. Australia also has the National Preventive Health Strategy (2021 – 2030), which includes nutrition and physical activity as two of the seven focus areas.

22. Implementing this policy, the National Obesity Strategy and the National Preventive Health Strategy would contribute towards the achievement of UN Sustainable Development Goals 3 – Good Health and Wellbeing.

23. However, little funding and resourcing has been provided to support the implementation of these strategies and without it, the strategies will have little, if any, impact like so many previous strategies that have been developed over the last 30 years[13]

PHAA seeks the following actions:

24. Implement the National Obesity Strategy and the National Preventive Health Strategy food and nutrition and physical activity actions in full. Ensure both strategies are adequately funded and resourced to sustain implementation, monitoring and evaluation, and remain free from conflicts of interest.

25. Establish a government-led National Obesity Task Force, independent of industry influence, to provide capacity and increase efforts to coordinate and drive the implementation of the National Obesity Strategy and monitor and report on the achievement toward obesity targets.

26. Ensure the coordinated engagement of local government, relevant industries (e.g., food manufacturing, retailing and marketing, advertising, media) and non-government organisations, and sport and recreation groups to ensure that action on obesity is high on their agenda.

27. Review and update NHMRC clinical guidelines for management of overweight and obesity.

28. Priority actions by government should include:

    a. Regulation to restrict children's exposure to unhealthy food and drink marketing, starting with free to air television up to 9pm in the evening and extending to all media and settings, including the online environment;
    b. Instituting a health levy on sugary drinks;

c. Informing consumers about added sugars in packaged foods;
d. Improving the composition, labelling and promotion of commercial baby and toddler foods;
e. Extending current food labelling policies to make the Health Star Rating ("HSR") system mandatory (pending system improvements – see PHAA HSR policy and 5-year review[14]) and extending mandatory menu kilojoule labelling in chain food outlets across all Australian states and territories;
f. Establishing and supporting the adoption of healthy eating and physical activity guidelines in services and settings including maternal and child health, early childhood education, schools, community health, sporting clubs and recreation centres, community organisations and workplaces;
g. Funding and implementing a comprehensive national nutrition policy and a national active transport strategy (integrating walking, cycling and public transport).
h. Developing and implementing a high impact, sustained social education and marketing campaigns to increase knowledge and awareness of the health risks associated with poor diet, physical inactivity and sedentary behaviour and shift the social norm towards breastfeeding, healthy eating, physical activity and healthy weight;
i. Providing weight management services to those whose weight is already impacting on their health and provide support for GPs, clinicians and practice nurses (including maternal and child health nurses) to monitor and consult on weight gain;
j. Building on the 2017-18 Australian Health Survey, establish and adequately fund a nationally coordinated, ongoing systematic monitoring and surveillance program that includes all age groups and all locations in Australia and measures physical activity, sedentary behaviour, dietary intake and overweight and obesity.

PHAA resolves to:

29. Advocate for the above steps to be taken based on the principles in this position statement.

30. Advocate that federal, state and territory governments implement the National Obesity Strategy and the food and nutrition and physical activity components of the National Preventive Health Strategy and lead an effective national, integrated, sustained, multi-sectoral and multi-dimensional approach to the prevention and management of overweight and obesity, based on the best available evidence.

31. Actively contribute to policy and advisory forums relating to the promotion of healthy weight for children, young people, and adults.

32. Monitor progress on the implementation of these recommendations and report back to members.

33. Partner with other organisations to jointly influence action for population prevention of overweight and obesity.

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(First adopted 2010, revised 2013, 2016)

References

1. World Health Organization. Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020. 2013. Available from: http://www.who.int/nmh/publications/en/
2. Australian Institute of Health and Welfare. A picture of overweight and obesity in Australia 2017. Cat. no. PHE 216. Canberra: AIHW; 2017.
3. Australian Bureau of Statistics. National Health Survey: First Results, Australia 2017-18. ABS Catalogue no. 4364.0.55.001. http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012017-18?OpenDocument: ABS; 2018.
4. Australian Institute of Health and Welfare. Australia's children. Cat. no. CWS 69. Canberra: AIHW; 2020. p. 1-389.
5. Australian Institute of Health and Welfare. Australian Burden of Disease Study: https://www.aihw.gov.au/getmedia/5ef18dc9-414f-4899-bb35-08e239417694/aihw-bod-29.pdf.aspx?inline=true; see also https://www.aihw.gov.au/reports/burden-of-disease/abds-impact-and-causes-of-illness-and-death-in-aus/summary.
6. Herman KM, Craig CL, Gauvin L, Katzmarzyk PT. Tracking of obesity and physical activity from childhood to adulthood: the Physical Activity Longitudinal Study. Int J Pediatr Obes. 2009;4(4):281-8.
7. Pricewaterhousecoopers. Weighing the cost of obesity: a case for action. https://www.pwc.com.au/pdf/weighing-the-cost-of-obesity-final.pdf: PWC; 2015.
8. The World Bank. An overview of links between obesity and food systems; implications for the Agriculture GP agenda. Washington, DC: World Bank Group; 2017.
9. Afshin A, Sur PJ, Fay KA, Cornaby L, Ferrara G, Salama JS, et al. Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. The Lancet. 2019.
10. National Health and Medical Research Council. Clinical practice guidelines for the management of overweight and obesity. https://www.nhmrc.gov.au/about-us/publications/clinical-practice-guidelines-management-overweight-and-obesity: NHMRC; [cited 2019 3 July].
11. Anathapavan J, Sacks G, Brown V, Moodie M, Nguyen P, Barendreght J, et al. Assessing Cost-Effectiveness of Obesity Prevention Policies in Australia 2018 (ACE-Obesity Policy). Melbourne: Deakin University; 2018.
12. Sacks G. Policies for tackling obesity and creating healthier food environments: scorecard and priority recommendations for Australian governments. Melbourne Deakin University.; 2017. Available from: http://preventioncentre.org.au/wp-content/uploads/2015/10/AUST-summary-food-epi-report.pdf.
13. Swinburn B, Wood A. Progress on obesity prevention over 20 years in Australia and New Zealand. Obesity Reviews. 2013;14(S2):60-8.
14. Department of Health. Health Star Rating System: Formal review of the system after five years of implementation (June 2014 to June 2019). http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/content/formal-review-of-the-system-after-five-years: Australian Government; 2019 [updated 24 April 2019; cited 2019 15 May].