Public Health Association of Australia:
Policy-at-a-glance – Prevention and Management of Overweight and Obesity in Australia Policy

Key message: PHAA will –

1. Advocate that Federal, State and Territory governments:
   a. Establish overweight and obesity as a national priority;
   b. Lead an effective approach to tackling this issue;
   c. Allocate funding to support development, implementation, evaluation and research around a national healthy weight plan;
2. Monitor progress on the implementation of these recommendations and report back to members;
3. Partner with other organisations to jointly influence action for population prevention of overweight and obesity;
4. Contribute to policy and advisory forums about the promotion of healthy weigh for children, young people and adults;
5. Inform and mobilise its members in support of this policy.

Summary: Overweight and obesity in Australia is associated with substantial present and future social, health and economic costs. Despite a large number of recommendations cited in reports, strategies and plans over the past 20 years, the prevalence of obesity and overweight in Australia continues to rise in adults and is high in children. Australia does not have a national coordinated plan to address this problem. This policy calls on the governments to establish obesity as national priority and, based on the best available evidence, which includes a strong focus on improving diets and levels of physical activity, lead an effective national, integrated, sustained, multi-sectoral and multi-dimensional approach to tackling this issue.

Audience: Federal, State and Territory Governments, policy makers, program managers and key non-government, community, industry and academic stakeholders and the Australian public.

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

Date policy adopted: September 2016

Contacts: Dr Helen Vidgen and Dr Julie Woods, Co-Convenors, Food and Nutrition SIG
Prevention and Management of Overweight and Obesity in Australia Policy Statement

The Public Health Association of Australia notes that:

1. 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

2. Obesity rates in Australia are among the highest in the world.2 In 2011-12 35% of adults were overweight and 28% obese, with combined rates of overweight and obesity (63%) up from 56% in 1995 and 61% in 2007-8. While the combined prevalence of overweight (18%) and obesity (8%) in children (5-17 years) has stabilised at 25%, it remains high. Overweight and obesity are more common in lower-socioeconomic and some immigrant groups and in Aboriginal and Torres Strait Islander people. These inequalities commonly begin in childhood and persist or widen across the life course.3

3. Overweight and obesity contributed 5.5% of all Australian disease and injury burden (BOD) in 2011. High body mass was responsible for 52% of the diabetes burden, 38% of chronic kidney disease burden, 23% of coronary heart disease burden and 17% of stroke burden4 and also reduces psychosocial health.1 Poor diet and inadequate physical activity were considered separately and contribute 7% and 5% respectively to BOD.

4. The social and economic costs of overweight and obesity are high. A recent 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.5

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

6. Body Mass Index (BMI), 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.

7. As poor diet 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

8. The many complex and interacting biological, behavioural and societal factors contributing to causing overweight and obesity can be classified into seven cross-cutting themes: biology, the physical activity...
9. National and international organisations emphasise that a sustained and comprehensive portfolio of interventions is required to address overweight and obesity and not the central role of government leadership in achieving population level impact.\(^1\)

10. The WHO’s recent report on childhood and adolescent obesity reinforced the need for: multiple strategies to halt rising rates; consideration of the environmental context and three critical time periods in the life course – preconception and pregnancy, infancy and early childhood, and other childhood and adolescence; and the importance of treating children who are already obese.\(^9\)

11. Australia does not have a comprehensive ongoing national obesity plan, despite recommendations for one.\(^10\) Current initiatives to prevent and manage overweight and obesity and promote healthy eating and physical activity run by Commonwealth, state and territory governments and other organisations, are insufficient to halt and reverse high obesity rates.\(^11\)

12. Obesity prevention is not a current national government priority with both national funding ceasing and the Australian National Preventive Health Agency abolished.\(^12\)

13. To effectively prevent excessive weight gain, interventions are required to change the physical, policy, economic, educational and social environments to support healthy diets and physical activity and reduce sedentary behaviours. Further health gains beyond healthy weight would be achieved by such interventions.\(^1\)

14. Whole of population strategies as well as strategies targeted at key points across the life-course (pregnancy, early childhood, adolescence, adulthood, old age) and for disadvantaged groups including those with high rates of overweight and obesity, poor diet and inadequate physical activity are required to cost-effectively prevent and manage overweight and obesity.\(^13\)

15. Monitoring of body weight status occurs approximately every three years as part of the National Health Survey. 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.

16. Other PHAA policies contain information relevant to this policy: Food, Nutrition and Health; Physical Activity; Marketing of Food and Beverages to Children; Food and Nutrition Monitoring and Surveillance in Australia; and Towards a National Nutrition Policy for Australia.

The Public Health Association of Australia affirms the following principles:

17. As the factors contributing to 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 needed that take into
consideration the interaction between the individual, the environment and the social determinants of health.

18. The public health problems of obesity, poor diet and inadequate physical activity cannot be solved by education and personal responsibility. Creating healthy food and physical activity environments will enable the population to exercise their personal responsibility in relation to food choices and physical activity levels between more and less disadvantaged groups.

19. 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.

20. The selection and resourcing of interventions to promote healthy weight should be guided by the best available scientific evidence, 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.

21. For population impact strategies need to address weight maintenance among healthy weight individuals, and for those who are overweight or obese, both prevention of further weight gain and weight loss, while improving diet and physical activity behaviours for all.

The Public Health Association of Australia believes that the following steps should be undertaken:

That the Commonwealth, state and territory governments:

22. Establish overweight and obesity as a national priority.

23. Establish a National Obesity Task Force to provide capacity and increase efforts to coordinate and drive the agenda to prevent and manage obesity and to develop targets and monitor and report on their achievement.

24. Provide adequate and ongoing funding: to develop, implement and evaluate (overall and according to targeted sub-groups) a coordinated healthy weight plan, based on the best available evidence, including where relevant the Preventative Health Taskforce recommendations to prevent and manage overweight and obesity; and for associated research.

25. 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.

26. Initial actions by government could 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;

b. A tax on sugary drinks;

c. Extending current food labelling policies to make the health star rating system mandatory on all packaged foods and at point of sale for non-packaged fresh foods; and extending mandatory menu labelling in chain food outlets across all Australian states and territories;

d. Establishing and supporting the adoption of healthy eating and physical activity guidelines in settings including early childhood services, schools, health services, sporting clubs, community organisations and workplaces;

e. A comprehensive national active transport strategy (integrating walking, cycling and public transport);

f. High impact, sustained social education campaigns to increase knowledge and awareness of the health risks associated with poor diet, physical inactivity and sedentary behaviour and to improve attitudes towards breastfeeding, healthy eating, physical activity and healthy weight;

g. Provision of weight management services to those whose weight is already impacting on their health. Building on the 2011-12 Australian Health Survey, establish and adequately fund a national coordinated, ongoing systematic monitoring and surveillance program for physical activity, sedentary behaviour, dietary intake and overweight and obesity.

h. Develop and implement new national nutrition and physical activity strategies (current strategies ended 2010).

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

27. To advocate that federal, state and territory governments establish overweight and obesity as a national priority and lead an effective national, integrated, sustained, multi-sectoral and multi-dimensional approach, based on the best available evidence, to tackle this issue.

28. To actively contribute to policy and advisory forums relating to the promotion of healthy weight for children, young people and adults.

29. To inform and mobilise its members in support of this policy.

30. To monitor progress on the implementation of these recommendations and report back to members.

31. To partner with other organisations to jointly influence action for population prevention of overweight and obesity.

First adopted at the INSERT YEAR Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2016 policy review process.

References


