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.

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.

Key policy positions:

1. Australian federal, state and territory governments should lead an effective approach for addressing overweight and obesity and establish overweight and obesity as a national priority.

2. Adequate and ongoing funding should be allocated to develop, implement and evaluate (overall and according to targeted sub-groups) a coordinated National Obesity Strategy, based on best practice recommendations and incorporating consensus recommendations from public health groups, which should include a National Nutrition Policy.

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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Contacts: Dr Kathryn Backholer and Dr Penny Love, Co-convenors, Food and Nutrition SIG
Policy position statement

PHAA affirms the following principles:

1. The drivers of overweight and obesity are complex, and 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, 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.

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, 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%) in children (5-17 years) has stabilised at 25%, it remains high.³ Overweight and obesity are more common in lower-socioeconomic and some immigrant groups and in 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 5.5% of all Australian burden of disease and injury in 2011, including 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

9. Approximately 80% of overweight children become overweight adults.⁵ Once overweight, it is difficult to lose weight, so preventing weight gain is important.
10. 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. 

11. 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.

12. A suboptimal diet is responsible for more deaths than any other risks globally, including tobacco smoking; and one in five deaths could be prevented through an improvement of diet, regardless of age, gender or socio-demographics.

13. 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.

14. 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.

15. 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.

16. To effectively prevent excessive weight gain, interventions are required to change the physical, policy, economic, educational and social environments to support healthy diets, increase physical activity and reduce sedentary behaviours. This includes 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.

17. Many regulatory and program-based interventions are likely to be cost-effective.

18. 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.

19. An assessment of the extent to which each jurisdiction in Australia implements globally recommended policies for obesity prevention was conducted in 2016. This 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), and regulations on health claims), 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 development of an overall national strategy and implementation plan for improving 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.

20. 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.
21. Other PHAA policies contain information relevant to this policy: Food, Nutrition and Health; Health levy for sugar sweetened beverages; 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.

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

PHAA seeks the following actions:

23. Establish overweight and obesity as a national priority and 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 obesity strategy, based on the best available evidence, including where relevant, the Preventative Health Taskforce recommendations to prevent and manage overweight and obesity. This should include a comprehensive National Nutrition Policy (see PHAA National Nutrition Policy Position Statement).

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

27. 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 health levy on sugary drinks;

   c. 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) and extending mandatory menu kilojoule 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 nutrition policy and a 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 and provide support for GPs, clinicians and practice nurses (including maternal and child health nurses) to monitor and consult on weight gain.
h. 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.

PHAA resolves to:

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

29. 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.

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

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

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

ADOPTED September 2019
(First adopted 2010, revised 2013, 2016)
References


