

OVERWEIGHT, OBESITY AND CHRONIC DISEASES IN AUSTRALIA

POLICY BRIEF

SUMMARY

- In Australia, rates of overweight and obesity have risen alarmingly in recent decades in all age groups, with the increase most marked among obese adults.
- Overweight and obesity in adults and children is associated with significant health impacts and economic burdens.
- A comprehensive range of interventions is urgently required to achieve behaviour change, improve diets and lifestyles, and reduce the burden of chronic disease in Australia.

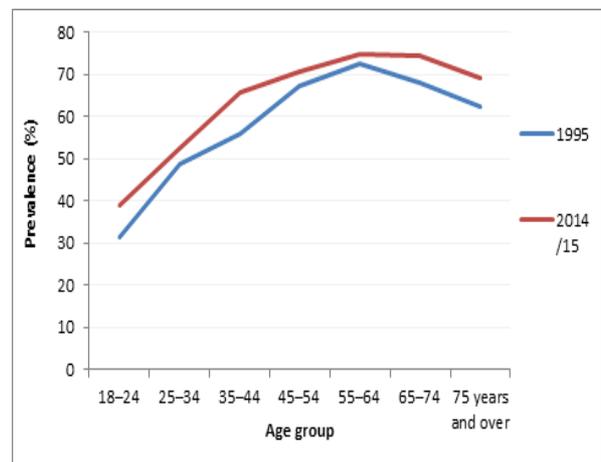
WHAT ARE THE STATISTICS?

In Australia, the proportion of men and women aged 18 years and over that is overweight or obese has increased significantly in recent decades. In 1995, 64.9% of males and 49.4% of females were overweight or obese. However, in 2014–2015 the proportions had climbed to 70.8% of males and 56.3% of females.¹ Australia's adult obesity rate has been estimated to be the fifth highest amongst OECD countries.² In 2014–15, around 27.2% of all Australian children aged 5–17 years were either overweight or obese, with 7.4% living with obesity.³

Rates of overweight and obesity increase with age. Of men aged 45 years and over, almost four in five (79.4%) were overweight or obese in 2014–15, while two in three women (65.7%) of the same age were overweight or obese.⁴

Data released by Roy Morgan Research in 2014 has found that around 11 million Australians are currently overweight by an average of 16.5 kilograms.⁵

Persons aged 18 and over- Proportion overweight or obese people in 1995 and 2014-2015⁶



Perhaps of most concern has been the dramatic rise in the proportion of the population who are obese (with a BMI of 30 or more). This proportion has increased across all age groups over time, up from 18.7% in 1995 to 27.9% in 2014–15, an increase of almost 10%.

There is a concerning social and economic gradient evident in overweight and obesity trends with people in lower socio-economic groups more likely to be overweight and obese than those in higher socio-economic groups.⁷ Aboriginal and Torres Strait Islander Australians also experience disproportionately high rates of obesity.⁸ The prevalence of overweight and obesity is also higher among people living in regional and remote areas compared to those living within major cities.⁹

CAUSES OF OVERWEIGHT AND OBESITY

Engaging in physical activity while minimising consumption of discretionary (energy dense, nutrient poor) food and drink is the best way to maintain a healthy weight. Modelling indicates that the increased energy intake that has occurred over the past few decades is more than enough to explain the parallel increase in body weight.¹⁰ This increased energy intake has occurred mainly as a result of increased consumption of energy-dense, nutrient poor (high fat and/or sugar) foods and beverages.¹¹

The consumption of energy dense, nutrient poor foods has increased significantly among adults and children over the past 30 years. For example, one third of adults and almost half of children drink sugary drinks daily.¹² Young Australians, in particular, are commonly high consumers of energy dense, nutrient poor products such as soft drink, burgers and chips.¹³

Australian adults' diets are comprised, on average, of 35% 'junk' food including sugary drink and alcohol. Amongst children, 40% of the diet is made up of 'junk' food¹⁴. Australian households spend 58% of their food budget on unhealthy foods and drinks and just 15% on fruit and vegetables¹⁵. Data from the National Health Survey 2014–2015 has shown that 7% of Australian adults, and 5.4% of children, meet the recommended 5 serves of vegetables per day, with fruit consumption also generally falling short of recommended serves.¹⁶

HEALTH IMPACTS

Poor diets and high body mass index are the major risk factors contributing to Australia's significant disease burden, ahead of smoking-related illness.¹⁷ Overweight and obesity lead to heightened risk of developing chronic diseases including cardiovascular disease and type 2 diabetes. A recent review of more than one thousand studies by International Agency for Research on Cancer found that that being overweight or obese increases risk for at least 13 types of cancer, including common cancers such as breast and colon.¹⁸

Obesity is also the leading risk factor for type 2 diabetes.¹⁹ Even being overweight significantly increases the risk.²⁰ The contribution of overweight and obesity to cardiovascular disease and diabetes is

significant. Dietary risk factors are estimated to contribute 35% and 33% of the disease burden respectively and high body mass contributes 21% and 49% respectively.²¹

Childhood obesity is also associated with a range of very serious health problems and increases the risk of premature illness and death later in life.²² Research shows that 25–50% of obese adolescents remain obese into adulthood.²³ Studies also suggest that the risk of cardiovascular disease and all-cause mortality is elevated among those who were overweight during childhood.²⁴ If current trends continue, approximately 1.75 million deaths will have been caused by overweight and obesity between 2011 and 2050.²⁵

ECONOMIC IMPACTS

If the obesity epidemic in Australia is not checked, it is estimated that by 2025, 83% of males and 75% of females over 20 will be overweight or obese. This would have an enormous impact on health care spending, chronic disease and quality of life.²⁶ The costs of overweight and obesity are already very significant with the total annual cost of obesity in Australia in 2011–2012 has been estimated to be \$8.6 billion, including \$3.8 billion in direct costs and \$4.8 billion in indirect costs.²⁷ Using a measure that includes loss in wellbeing, estimates reach around \$120 billion a year, which is equivalent to 8% of the economy's annual output.²⁸

In the long term, it is expected that the economic costs of obesity will increase significantly, and possibly double, due to the prevalence and incidence of diabetes.²⁹

WHAT ACTION HAS BEEN TAKEN TO ADDRESS OBESITY IN AUSTRALIA?

In 2008 the Australian Government (Government) announced the assembly of the National Preventative Health Taskforce (Taskforce) to develop strategies to tackle chronic disease caused by tobacco, alcohol and obesity.³⁰ In September 2009 the Taskforce released a final report entitled *Australia: The Healthiest Country by 2020 – National Preventative Health Taskforce Strategy – The Roadmap for Action* (the Roadmap). The Roadmap outlined 27

recommended actions designed specifically to reduce and control obesity in Australia. The recommendations focused on preventative health measures and were proposed to be implemented in a staged manner from 2009. In 2010, the then Government published its response to the Roadmap, indicating its plans and intended actions.

Eight years have now passed since the Roadmap was released and overall progress has been disappointing, with preventative health not a high priority for the current Government. Of particular concern was the 2014 abolition of the Australian National Preventative Health Agency (ANPHA), which had been set up in 2011 to drive preventative health initiatives and research. Commonwealth funding provided to states to deliver healthy lifestyle intervention programs under the National Preventative Health Agreement was also stopped.

Although state and territory governments' approaches to obesity prevention vary, there are several examples of strong leadership at the state government level. Important initiatives include the NSW government's commitment to reduce childhood obesity through actively monitoring rates of overweight and obesity, increasing community education and introducing and resourcing a healthy canteen strategy.³¹ The Australian Capital Territory's *Towards Zero Growth – Healthy Weight Action Plan 2013*, sets out cross-sectoral responsibilities, priorities and goals for the improvement of health within the Territory.³² Local governments have also become key drivers of health promotion and prevention policy. For instance, the Victorian Public Health and Wellbeing Plan include actions by municipalities to reduce sugary drinks. Victorian municipalities are becoming leaders in creating healthy drinks environments by adopting strategies to increase access to water and reduce consumption of sugary drinks³³ with the assistance of the Victorian Government's Healthy Choices guidelines.

POLICY ACTION NEEDED

There is increasing support and impetus from the international community and peak health bodies to take decisive policy action on overweight and obesity. The World Health Assembly's Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020³⁴ provides

guidance on a range of evidence-based policy interventions that governments should consider, to reduce the burden of NCDs. Further the recent World Health Organization's Commission on Ending Childhood Obesity Report³⁵ provides a model comprehensive strategic approach, strategic objectives and policy options.

Policy interventions that have been identified as most pressing for Australian governments in addressing obesity include:³⁶

- Adoption of a whole-of-government obesity prevention strategy ;
- Reducing children's exposure to marketing for unhealthy foods and beverages on television as well as other platforms including sport sponsorship;
- Improving the Health Star Rating System, an interpretive front of pack labelling system, to inform healthy choices;
- Provision of funding for sustained, effective mass media education campaigns to improve diets and prevent obesity;
- Commit sustained funding and ongoing support for a comprehensive diet and nutrition survey conducted every 5–10 years;
- Establish targets for national population dietary intake and for reductions in key nutrients in major food categories;
- Interventions to reduce consumption of sugar-sweetened beverages, including a health levy on sugary drinks.

For more information about the types of regulatory reforms and policies that are needed to address overweight and obesity in Australia, please refer to the OPC's Policy Briefs and submissions, available at www.opc.org.au.



ABOUT THE OBESITY POLICY COALITION

The Obesity Policy Coalition (OPC) is a coalition between the Cancer Council Victoria, Diabetes Victoria and the Global Obesity Centre at Deakin University, a World Health Organization Collaborating Centre for Obesity Prevention. The OPC advocates for evidence-based policy and regulatory change to address overweight, obesity and unhealthy diets in Australia, particularly among children.

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