

# AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE

## OBESITY PREVENTION IS CRITICALLY IMPORTANT

*The obesity epidemic is one of the most important public health challenges facing Australia today. Obesity already costs \$58bn per year, and with the number of obese Australians set to nearly double by 2025, we cannot afford to delay immediate and comprehensive action to reduce the health, economic and social costs of increasing rates of overweight/obesity.*

Obesity and overweight have escalated over the last 20 years with the scale of the problem now enormous:

- Two in three Australian adults<sup>1</sup> and one in four Australian children<sup>2</sup> are overweight or obese with prevalence even higher among disadvantaged groups;<sup>1</sup>
- Australia's adult obesity rate is the fifth highest amongst OECD countries;<sup>3</sup>
- In 2008, obesity alone was estimated to afflict 3.8 million Australians;<sup>4</sup>
- based on past trends, and without effective interventions in place, 6.9 million Australians are likely to be obese by 2025.<sup>4</sup>

Obesity imposes massive health, economic and social costs on Australia:

- obesity/overweight is a major cause of chronic disease, accounting for 54.7% of Australia's disease burden for diabetes, 19.5% for cardiovascular disease and 3.9% for cancer in 2003;<sup>5</sup>
- future health care costs will surge as a result of obesity-driven increases in chronic disease rates: health system costs for diabetes alone are expected to jump from \$1.3bn in 2002-03 to over \$8bn in 2032-33, primarily due to increased obesity rates;<sup>6</sup>
- in 2008, obesity alone was estimated to cost Australia \$58bn;<sup>4</sup>
- obesity is expected to reduce life expectancy gains for today's children by five to 10 years by the time they are 20 yrs old;<sup>7</sup>
- obesity/overweight has now overtaken tobacco as the largest preventable cause of the disease burden in Australia.<sup>8</sup>

Obesity is difficult to treat, so preventing or slowing continued weight gain at the population level offers the greatest potential for averting these costs. This requires a comprehensive range of strategies that work together to complement, support and enhance each other to achieve maximum impact, as recommended by the National Preventative Health Taskforce.

Important obesity prevention initiatives are underway in line with Taskforce recommendations, including federal funding for community, school and work based programs, but much more must be done to maximise the benefits of these initiatives and achieve a significant change to obesity trends.

The Australian Chronic Disease Prevention Alliance (ACDPA) calls on the next Australian government to build on existing obesity initiatives by fully implementing the comprehensive obesity strategy recommended by the National Preventative Health Taskforce<sup>9</sup> with emphasis on:

- Reducing exposure of children to advertising and marketing of unhealthy foods;
- Implementing new easier to understand front-of-pack nutrition labelling on processed foods that provides at a glance interpretation to help consumers make healthier food choices
- Increased support for the food reformulation strategy to accelerate reductions in levels of saturated fats, salt and sugar in processed food;
- Developing a national approach to encourage increased physical activity including:
  - A national strategy to promote active transport through improved infrastructure and programs to support walking, cycling and public transport ;
  - Reorienting urban planning to support increased physical activity including support for the ongoing development and widespread application of the *Healthy Spaces and Places* urban planning principles across all tiers of government.

## **The need for a comprehensive approach**

The health behaviours which contribute to overweight and obesity are underpinned by a complex range of social, economic, educational and environmental factors, all of which need to be addressed if any significant change in obesity trends is to be achieved.

The comprehensive obesity strategy recommended by the National Preventative Health Taskforce addresses these factors with a range of recommendations that work together to complement support and enhance others in the package to achieve maximum impact, in addition to providing the critical mass of activities necessary to yield effective results.

While a range of community, school and workplace initiatives are being implemented in line with the Taskforce recommendations to help address the obesity epidemic in Australia, the scale and nature of the problem means that much more needs to be done.

In particular much more needs to be done to reshape the environment in which we live to make healthier choices easier. This will be critical to support people to make *and sustain* lifestyle changes that will benefit their health.

## **Reducing exposure of children to advertising and marketing of unhealthy foods**

The World Health Organisation has recognised the restriction of advertising of unhealthy foods targeting children as an important area for action in the prevention of obesity.<sup>10</sup>

Reviews have confirmed that food promotion clearly influences children's food preferences, purchases and consumption, as well as their dietary habits and health status.<sup>11</sup> There is also evidence of a significant correlation between unhealthy food advertising and childhood obesity.<sup>12</sup>

A comprehensive study by the Victorian Government showed that precluding advertising of foods and beverages high in sugar and fat, from 7-8am and 3-9pm Monday to Friday and 6am to 1pm Saturday and Sunday, was by far the most cost-effective of 13 interventions assessed for reducing adolescent and childhood obesity.<sup>13</sup>

Advertising restrictions would also help to maximise returns on government investment in social marketing campaigns and programs to encourage healthy eating by ensuring they do not have to compete with far more powerful and extensive advertising promoting unhealthy food choices.

## **Front of pack nutrition labelling**

Poor nutrition is a major contributor to overweight/obesity and associated increases in chronic disease levels in Australia.<sup>14</sup>

A key component in strategies to encourage good nutrition is to ensure consumers have access to and can identify healthier food choices,

An easy to understand front-of-pack nutrition labelling system on processed foods that provides at-a-glance interpretation of nutrient information, as recommended by the Taskforce, can assist consumers to make healthier food choices.<sup>15</sup> This is essential to support educational campaigns encouraging healthier food choices.

An effective scheme can also provide an incentive to industry to increase their range of healthier products through innovation and product reformulation.

The ACDPA together with public health and consumer organisations and individuals across Australia, have developed a consensus position on the key principles that should underpin the development of an effective front-of-pack labelling system for Australia. These agreed principles essentially support the mandatory introduction of a single system which includes both nutrient information and an interpretive element, eg using colours, words or symbols to indicate the nutritional value of the product. The principles are available at <http://www.cancer.org.au/File/ACDPA/FOP-Labeling-Consensus-Statement-March.pdf>.

## **Increased support for food reformulation**

Reformulating processed foods to reduce levels of fat, salt, sugar and kilojoules must be a key priority in addressing obesity because it offers considerable scope to yield substantial health benefits, even without requiring behavioural change at the population level.

Impressive results have been achieved in the UK, where the Government is working with the food industry and retailers to reduce salt levels. In British adults, the population intake of salt has fallen by approximately 10%, saving more than 6,000 lives a year so far.<sup>16</sup>

The current Food and Health Dialogue is a valuable initiative to drive reforms in this area, but more support must be provided to increase the range of food products covered to accelerate improvements in the nutritional profile of processed foods.

## **Encouraging increased physical activity**

Physical inactivity is a major contributor to Australia's escalating rates of obesity and overweight. It is also a critical health problem in its own right as an independent risk factor for many chronic diseases such as heart disease, stroke, diabetes and some cancers. In 2003, 13,491 Australian deaths from these conditions were attributable to physical inactivity.<sup>5</sup>

The total economic cost of physical inactivity was estimated to be \$13.8bn in 2008.<sup>17</sup>

Very few Australians meet current guidelines for a minimum of 30 minutes of moderate intensity physical activity on most days of the week.<sup>18</sup> In 2007-08, 73% of Australians were sedentary or had low levels of exercise.<sup>1</sup>

Increasing physical activity requires interventions that both encourage Australians to be more physically active, such as social marketing campaigns, and provide the infrastructure and built environment that makes physical activity easier, such as bike paths and better public transport.

Increasing physical activity levels can also yield major benefits in other areas such as climate change and traffic congestion and contributes to healthy aging,<sup>19</sup> a critical factor given our aging population.

If more Australians were physically active for just 30 minutes a day – for example, by participating in active transport – the Australian healthcare system could save \$1.5bn a year.<sup>10</sup>

### ***A national active transport strategy***

People who use public transport benefit enormously from increased physical activity associated with the use of buses, trains, ferries and other forms of mass transit. Recent research in Melbourne found that public transport users spent an average 41 minutes per day walking and/or cycling as part of their travel compared to only eight minutes for those using private transport such as cars.<sup>20</sup>

Australia needs a national, coordinated push to drive the move towards public transport, cycling and walking as sustainable forms of passenger mobility. This needs national leadership to ensure the efforts of state, territory and local government – as well as the non-government sector and the general public – are coordinated, complementary and effective.

Active transport should be considered as a candidate for a new national agreement and partnership to drive change and ensure mutually agreed goals and targets are reached.

### ***Support for Healthy Spaces and Places***

The way streets, neighbourhoods, towns and cities are planned, designed and built affects how people use these spaces and places and their levels of physical activity. There is also increasing evidence that the built environment influences obesity rates.<sup>21 22</sup>

The *Healthy Spaces and Places*<sup>23</sup> project has developed national planning guidelines that help encourage more Australians to be more active more often through the design and management of urban areas.

The next Australian Government should provide national leadership and additional financial support to ensure the *Healthy Spaces and Places* planning principles are embedded as standard practice in planning processes across all levels of government.

Further financial support and leadership from the Australian Government would help ensure that the principles become standard operating procedure at all levels of government and industry.

### **About the Australian Chronic Disease Prevention Alliance**

The Australian Chronic Disease Prevention Alliance is an alliance of five non-government health organisations who are working together in the primary prevention of chronic disease, with particular emphasis on the shared risk factors of poor nutrition, physical inactivity and overweight and obesity.

The members of the Alliance are:

- Cancer Council Australia
- Diabetes Australia
- Kidney Health Australia
- National Heart Foundation of Australia
- National Stroke Foundation

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<sup>1</sup> Australian Bureau of Statistics. *National Health Survey 2007-08: summary of results*

<sup>2</sup> 2007 Australian National Children's Nutrition and Physical Activity Survey. *Main Findings*. CSIRO. October 2008.

<sup>3</sup> OECD 2007. Health at a Glance 2007 – OECD Indicators.

[http://www.oecd.org/document/11/0,3343,en\\_2649\\_33929\\_16502667\\_1\\_1\\_1\\_37407,00.html](http://www.oecd.org/document/11/0,3343,en_2649_33929_16502667_1_1_1_37407,00.html)

<sup>4</sup> Access Economics Pty Ltd. The growing cost of obesity in 2008: three years on. August 2008

<sup>5</sup> Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD. *The burden of disease and injury in Australia 2003*. Canberra: AIHW; 2007. Report No.: PHE 82.

<sup>6</sup> Goss J 2008. *Projection of Australian health care expenditure by disease, 2003 to 2033*. Cat. no. HWE 43. Canberra: AIHW.

<sup>7</sup> National Preventative Health Taskforce 2008. *Technical Report No 1: Obesity in Australia: a need for urgent action*. Commonwealth of Australia 2008

<sup>8</sup> Hoad V SPKJ. High body mass index overtakes tobacco as the leading independent risk factor contributing to disease burden in Western Australia. *Australian and New Zealand Journal of Public Health* 2010;34(2):214-5.

<sup>9</sup> National Preventative Health Taskforce 30 June 2009. *Australia: the healthiest country by 2020. National Preventative Health Strategy – the roadmap for action*. Commonwealth of Australia 2009

<sup>10</sup> World Health Organization. *Diet, nutrition and the prevention of chronic diseases*. Geneva, WHO. 2003

<sup>11</sup> Cairns, G, Angus K, Hastings G 2009. *The extent, nature and effects of food promotion to children: a review of the evidence to December 2008*. WHO 2009

<sup>12</sup> Veerman JL, Van Beeck EF, Barendregt JJ, Mackenbach JP. By how much would limiting TV food advertising reduce childhood obesity? *Eur J Public Health*. 2009..

<sup>13</sup> ACE-Obesity 2006. *Assessing cost-effectiveness of obesity interventions in children and adults. Summary of results*. Victorian Government Department of Human Services. 2006

<sup>14</sup> Swinburn BA, Caterson I, Seidell JC, James WP. Diet, nutrition and the prevention of excess weight gain and obesity. *Public Health Nutr* 2004; 7(1A):123-146.

<sup>15</sup> Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. *Public Health Nutr* 2005;8:21-8

<sup>16</sup> <http://www.food.gov.uk/news/speeches/formerspeeches/deirdrehutton/cashsaltawarenessweek>

<sup>17</sup> Medibank Private 2008. *The Cost of Physical Inactivity*.

<sup>18</sup> Department of Health and Aging 2005. *An active way to better health. National physical activity guidelines for adults*

<sup>19</sup> Oxley, H. 2009. *Policies for Healthy Ageing: An Overview*. OECD Health Working Papers, No. 42, OECD Publishing. doi: 10.1787/226757488706

<sup>20</sup> Bus Association Victoria, Briefing paper, March 2010

<sup>21</sup> National Preventative Health Taskforce 30 June 2009. *Australia: the healthiest country by 2020. National Preventative Health Strategy – the roadmap for action*. Commonwealth of Australia 2009

<sup>22</sup> UK Government Office for Science. *Foresight: Tackling Obesity: Future Choices. Project Report*. October 2007

<sup>23</sup> <http://www.healthyplaces.org.au/site/>