



## Public Health Association AUSTRALIA

Submission from the Public Health Association of Australia to the House of  
Representatives Standing Committee on Health and Ageing

# Inquiry into Obesity in Australia

## Introduction

The Public Health Association of Australia Inc (PHAA) is a national organization comprising individual members and representing over 40 professional groups concerned to promote health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's submission on Obesity in Australia.

The main emphasis of this submission is that a comprehensive approach is required if there is to be success in dealing with the issue of obesity in our community. The approach should primarily be focussed on both nutrition and physical activity. This requires co-ordinated efforts lead by government and other agencies to achieve a national, integrated, multisectoral and multidimensional approach to tackling overweight and obesity.

## Table of Contents

<b>Introduction .....</b>	<b>1</b>
<b>Table of Contents .....</b>	<b>2</b>
<b>Background.....</b>	<b>3</b>
Obesity is a major but preventable health problem.....	3
The causes are environmental not genetic .....	3
Children and adolescents are important target groups.....	3
Education will not be enough .....	4
<b>Specific approach.....</b>	<b>5</b>
Leadership and inter-sectoral action .....	5
Policy in addition to education .....	5
Reduction of food marketing to children.....	5
Support for physical activity guidelines.....	5
Research into obesity interventions - interventions must be evaluated.....	6
Monitoring and Surveillance.....	6
Management programs for overweight and obesity in children and adults.....	6
<b>Conclusion .....</b>	<b>7</b>
References .....	8

## Background

### ***Obesity is a major but preventable health problem***

The World Health Organization's (WHO) Expert Consultation on Obesity recognised in 1997 that "overweight and obesity represent a rapidly growing threat to the health of populations and an increasing number of countries worldwide".<sup>[1]</sup> WHO has ranked obesity as one of ten preventable conditions that require urgent attention.<sup>[2]</sup> In Australia, the National Health and Medical Research Council (NHMRC) has recognised that overweight and obesity poses a major public health problem in Australia.<sup>[3]</sup> Overweight, including obesity, now contributes 8.6% of the burden of premature death and disability, the largest contributor of the biomedical and behavioural risk factors measured.<sup>[4]</sup> The Australian Government has recognised obesity as an epidemic and a social problem and has developed strategic plans which aim to achieve healthier weight in children and young people<sup>[5]</sup> and reduce the burden of weight-related illness in adults<sup>[6]</sup>.

***The risk factors for obesity are a sedentary lifestyle and consumption of high energy nutrient poor diet. The causes of obesity are largely environmental.***

The World Health Organisation (WHO) has identified the underlying causes of the global obesity epidemic as: sedentary lifestyles; high intake of energy-dense, micronutrient-poor foods; heavy marketing of fast food outlets and energy-dense, micronutrient-poor foods and beverages; a high intake of sugar-sweetened drinks; and adverse socioeconomic conditions, especially for women. The protective factors are listed as: regular physical activity, a high intake of fibre-rich foods (vegetables, fruit, legumes and wholegrains); home and school environments that promote healthy food and activity choices for children and adolescents; and breastfeeding.

### ***The causes are environmental not genetic***

Individuals may become obese in part because they have a genetic predisposition to gain weight readily in an unfavourable environment, but the fundamental causes of the "obesity epidemic" are considered to be societal, resulting from an environment that promotes sedentary lifestyles and overconsumption of food generally, and consumption of energy-dense diets in particular.<sup>[1,8]</sup> The NHMRC points out that inter-individual differences in response to clinical treatments are due to differences in exposure to the 'obesogenic' modern environment.<sup>[9]</sup>

### **Children and adolescents are important target groups**

This is an important issue for the prevention of overweight and obesity. However, it is important to ensure that interventions are supportive of positive body image and do not contribute to body dissatisfaction. An approach is needed which promotes care and respect for the body and is consistent with prevention of both obesity and body image disorders.<sup>[7]</sup>

### **Education will not be enough**

Obesity is not simply the result of a lack of knowledge. Many educational policies and guidelines have been implemented with no appreciable effect on the current obesity problem. The prevention of obesity will require comprehensive strategies directed at improving upstream factors that determine the food and physical activity environmental in which we all live.



## **Specific approach**

The Public Health Association suggests that the following approaches be adopted by the Committee:

### ***Leadership and inter-sectoral action***

- The first call is for Fed and State governments to provide leadership, comprehensive programs and action and funding. Action by the others follows the lead taken by government.
  - Until such time as there is recognition by all players involved of the importance of tackling obesity seriously, it will be difficult to develop a comprehensive and inclusive approach that works as far as possible with industry, government and the non-government sectors.
  - There may be some opportunity to work constructively with the industry, but this will require an open and genuinely cooperative approach those parts of the food industry that have not been acting positively to ensure that the notion of good corporate citizen is understood and implemented appropriately rather than a narrow view of the financial 'bottom line'.

### ***Policy in addition to education***

- That implementation of key recommendations from the two National Obesity Taskforce (NOTF) reports is promptly enacted with sufficient funding and policy support to ensure their success.
- It is important to address the structural issues that promote obesity. The experience with policy based approaches in tobacco control, road toll and injury preventions provide good lessons on how this can be successfully achieved.

### ***Reduction of food marketing to children***

- The regulations on marketing foods and beverages to children should be significantly strengthened so that they afford substantial protection to children and extend beyond television advertising to cover other forms of marketing such as Internet, sponsorships, games and competitions, and direct marketing.
  - The emphasis that companies put on marketing to children reflects their effectiveness. The PHAA believes that tougher regulation will protect children. It is not enough to look at the most obvious form of marketing through carefully timed TV advertising. Experience from tobacco in particular would suggest that when one avenue is closed off, many companies will look for alternative forms of reaching children.

### ***Support for physical activity guidelines***

- Sufficient funding should be provided to promote the physical activity guidelines for adults and children to the public.

- Healthy approaches in the general public are often subject to a range of myths. Simple clear messages about sensible physical activity provide a key to community understanding.
- Health promotion techniques are now well understood and can improve models for implementing activity in the community.

### ***Research into obesity interventions - interventions must be evaluated***

- That Commonwealth and State health departments, and non Government organisations support continuing and adequately funded research to identify successful public health interventions aimed at reversing the trend of unhealthy weight gain and to identify ways in which to promote weight loss among those who are already overweight.
- It is important that all major interventions are thoroughly evaluated. Funding must be made available with project and program grants to allow for the evaluation and dissemination of intervention outcomes.
- Infrastructure funding and support should be make available to allow for community and professional capacity building and knowledge exchange for obesity prevention interventions.

### ***Monitoring and Surveillance***

- That a nationally coordinated, ongoing systematic monitoring and surveillance program for physical activity, nutrition and overweight/obesity be established and adequately funded.
- The level of monitoring of obesity, food habits and physical activity in Australia is poor. It is impossible to act effectively against an epidemic of obesity in a knowledge vacuum. National systems of monitoring and surveillance for obesity, food intake and physical activity should be a priority.

### ***Management programs for overweight and obesity in children and adults***

- That sufficient funding and support also be provided to implement the NHMRC guidelines on obesity management for adults, children and adolescents.
  - It is not enough to have guidelines such as those of the NHMRC. Ensuring that parents have an understanding for themselves and their children is important. This will require a specific program of health promotion to ensure that the guidelines are sold as easily understood messages.
- The guidelines argue for a companion set of guidelines for children and adolescents, which advocate for complementary clinical initiatives, public health measures and environmental changes.

## Conclusion

The causes of obesity are largely environmental. The risk factors for obesity are a sedentary lifestyle and consumption of high energy nutrient poor diet. These are matters that can be addressed by modelling programs on successful approaches used in public health campaigns in the past.

Should the House of Representatives Standing Committee on Health and Ageing wish any further information from the Public Health Association of Australia, we would be delighted to assist.



**12 June 2008**

**Michael Moore** BA, Dip Ed, MPH

**Chief Executive Officer**

**Public Health Association of Australia**

Ph 02 6285 2373 Fax 02 6282 5438 Mob 0417 249 731

[www.phaa.net.au](http://www.phaa.net.au) [mmoore@phaa.net.au](mailto:mmoore@phaa.net.au)

**Public Health Association of Australia**

Ph 02 6285 2373 Fax 02 6282 5438 [www.phaa.net.au](http://www.phaa.net.au)

## References

1. WHO, Obesity: Preventing and Managing the Global Epidemic, Report of a WHO Consultation on Obesity. 1998, World Health Organisation: Geneva.
2. WHO, *The World Health Report 2002: Reducing risks, promoting healthy life*. 2003, World Health Organization: Geneva.
3. NHMRC, *Acting on Australia's Weight - a strategic plan for the prevention of overweight and obesity Cat. No. 96 0928 8*. 1997, National Health and Medical Research Council: Canberra.
4. Australian Institute of Health and Welfare, *Australia's health 2006. AIHW cat. no. AUS 73*. 2006, AIHW: Canberra.
5. National Obesity Taskforce, *Healthy Weight 2008 - Australia's Future. The National Action Agenda for Children and Young People and Their Families*. 2003, Commonwealth Department of Health and Ageing: Canberra.
6. National Obesity Taskforce, *Healthy Weight for Adults and Older Australians: a National Action Agenda to Address Overweight and Obesity in Adults and Older Australians. 2006-2010*. 2006, Department of Health and Ageing: Canberra.
7. Gibbs L, O'Connor T, Waters E, Booth M, Walsh O, Green J, Bartlett J, Swinburn B, (2008) Addressing the potential adverse effects of school-based BMI assessments on children's wellbeing. *International Journal of Pediatric Obesity* 3(1):52-57
8. WHO, *Diet, nutrition and the prevention of chronic diseases*. 2003, World Health Organisation: Geneva.
9. NHMRC, *Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults*. 2003, NHMRC: Canberra.
10. Dixon and Broom (eds) 2007 *7 Deadly Sins of Obesity* 2007 #####